# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **May 16th through 30th.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>APPLICATION FOR</b>	₹			OMB Approval No. 0348-004
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED March	19, 2001	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier
☐ Construction ☐ Non-Construction  5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED B		Federal Identifier
Legal Name:	Pare	S. 10 - 1	Organizational Unit:	
Address (give city, county, Stat	e, and zip code): Mod bformin 9	oc Count	Name and telephone this application (give	a number of person to be contacted on matters involving area code) Vera L. Sphar
6. EMPLOYER IDENTIFICATION	ON NUMBER (CA)			233-6695
	SN NOMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter in box)
B. TYPE OF APPLICATION:			B. County	H. Independent School Dist, I. State Controlled Institution of Higher Learning
☑ Ne	w Continuation	Revision	C. Municipal	J. Private University
		3	D. Township	K. Indian Tribe
If Revision, enter appropriate to	TTer(s) in box(ps)		E. Interstate	L. Individual
A. Increase Award B. De	crease Award C. Increase		F. Intermunicipal G. Special District	M. Profit Organization
	1/000mis/ly	11111	d. Special District	N. Other (Specify)
	MAY ,	3 0 2003	9. NAME OF FEDER	AL AGENCY:
	STATE CLE	VDING HOHOE		
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBENIO HOUSE	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
Water o Waste No	isposal Local [	10-760	Expand	water distribution to
+ Grant Proc	gram -		Unit 3	
2. AREAS AFFECTED BY PR Cal Renes Bul	OJECT (Cities, Counties, State division	es, etc.):	Extend	sewer service in Unix 4
Alkuras, M	odoc Co., Cali	fornia		
3. PROPOSED PROJECT	14. CONGRESSIONAL DIS			
Start Date Ending Date 2603 2004/05	a. Applicant		b. Project 4	
5. ESTIMATED FUNDING:			ļ	SUBJECT TO REVIEW BY STATE EXECUTIVE
. Federal	s	Ωθ	ORDER 12372 PF	ROCESS?
	230,0	00	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
. Applicant	\$	.00		ETO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
. State	\$	, QD	DATE _	
Local	\$	_00		AM IS NOT COVERED BY E. O. 12372
Other	\$	.90		GRAM HAS NOT BEEN SELECTED BY STATE
Program Income	\$	۵٥		
TOTAL	\$	00		NT DELINQUENT ON ANY FEDERAL DEBT?
TO THE DECT OF MY PHON	230,000	<u> </u>		attach an explanation. No
OCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	TION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
I LACHED ASSURANCES IF	THE ASSISTANCE IS AWAR	DED.		
Type Name of Authorized Repr VERA L. Spl	nar	Title Project Coord.	Admin asit	c. Telephone Number 530 - 233 - 2695
Signature of Authorized Repres	Sentative Lo has	/	1.0 mm comp	e. Date Signed 5- 29-03

<b>APPLICATION FOR</b>					JMB Approval No. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
		5-28-03			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identif	ier
Application	Preapplication	4. DATE RECEIVED BY	TEDERAL ACENCY	Endoral Identifier	
Construction	Construction Non-Construction	4. DATE RECEIVED BY	PEDERAL AGENCY	receral identifier	
Non-Construction 5. APPLICANT INFORMATION	Mon-construction				
Legal Name:			Organizational Unit:		
Ğarcia Properties - L			Name and talanhana n	umber of person to be o	contacted on matters involving
Address (give city, county, State, Rex Nathan, Nat	and zip code): han & Associa	ates	this application (give ar		onacico di manoro inversi.
C/O LA Express Blvd., #360, Lo	Travel, 5400	₩. Century	Georgia Miller	(562) 9161421	
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate le	
			A. State	H. Independent School	Dist
8. TYPE OF APPLICATION:	and Provided the Conference of the American State of the Conference of the Conferenc		B. County	•	tution of Higher Learning
	Continuation	Revision	C. Municipal	J. Private University	
<b>№</b> New	Continuation		D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual M. Profit Organization	
	rease Award C. Increas	o Duration	F. Intermunicipal G. Special District	N. Other (Specify)	."
	rease Award C. Increas specify):	e Duration	C. Opedial Biolines	(	A 4 4 100 100 100 100 100 100 100 100 100
D. Decrease Buration Caron	ope 0.1,y).		9. NAME OF FEDERA	L AGENCY:	
		and the state of t	Department of Ho	ousing & Urban De	velopment
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S	PROJECT:
Section	22144	1 4 1 3 5	Apartment compl	e - 35 2-bedroom	2-bath 3 story
	s. Rental Hgs - Moder	ate Income Families	townhouses, on s	site parking spaces	, lobby area, patio,
12. AREAS AFFECTED BY PRO	S. Remai rigs - Woder	ales. elc.):	excerise and laur	ndryrooms. Project	to be located at 4615
			W. Slauson Aver	iue, Los Angeles C	ounty, Calli.
Los Angeles City, Los An					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:			MAY 3 0 2003
Start Date Ending Date 1/3/04 1/4/05	a. Applicant 3	3	b. Project	33	
15. ESTIMATED FUNDING:					BY STATE EXECUTIVE
		00	ORDER 12372 PF	ROCESS?	
a. Federal	\$	3,860,300		APPLICATION/APPLICA	
b. Applicant	\$	1,066,062	1.	FOR REVIEW ON:	CUTIVE ORDER 12372
c. State	\$	.00	DATE	5-28-03	
d. Local	\$	.00	b. No.   PROGR/	AM IS NOT COVERED I	BY E. O. 12372
e. Other	\$	.00	OR PRO	GRAM HAS NOT BEEN	SELECTED BY STATE
f. Program Income	\$	.00	17 IS THE APPLICA	NT DELINQUENT ON A	ANY FEDERAL DEBT?
g. TOTAL	\$	4,926,362	╡	attach an explanation.	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	LL DATA IN THIS APPLIC	L CATION/PREAPPLICA	TION ARE TRUE AND	CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF TH	HE APPLICANT AND T	HE APPLICANT WILL	COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW	ARDED.			
a. Type Name of Authorized Re Rex Nathan	presentative	b. Title Manag	er	c. Tetermane Humber	425
d. Signar oe of Authorized Representation	esentative			e. Date Signed 5-28-03	

APPLICATION FOR		2. DATE SUBMITTED	CA-03-0512-02			
FEDERAL ASSIS	STANCE		5/1/03	OIX OF OFTEN		
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier		
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
XX Non-construction	Non-Construction			W E CA-03-0512-02		
Legal Name:			Organizational Unit:			
	nsportation Authority (SCV	TA)	MAY 3 0 2	2003		
5. APPLICANT INFORMATION	NC					
Address(give city, county, state,	-		Name and telephone number of the person to be con matters involving this application (give area/code)\\	tacted on COLICE		
3331 North First Street San Jose, CA 95134	, Bldg. B		Maria Marinos, Senior Transportatio	n Planner		
		····	408-321-5773			
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate lette	er in box) G		
94	-2186907		A. State H. Independent School D B. County I. State Controlled Insti	Dist. Stution of Higher Learning		
8. TYPE OF APPLICATION:			C. Municipal J. Private University D. Township K. Indian Tribe			
New Continua	tion X Revision		E. Interstate L. Individual			
If Revision, enter appropriate le	tter(s) in box(es): A, C		F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
A. Increase Award B. D	ecrease Award C. Increase Dura	ation	9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT			
IV. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER.			SANTA CLARA VALLEY TRANSP			
	20-500		FY 2002 FTA SECTION 5309 BUS/B			
	al Grant (Section 5309 Bus/Bus Facility	y	PURCHASE OF ZERO EMISSIONS			
Program) 12. AREAS AFFECTED BY PI	ROJECT (cities, countries, states, etc.)					
Santa Clara County						
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT	rs of				
Start Date	Ending Date	a. App	licant	b. Project		
7/15/2001	12/30/2005	13, 14,	,	13, 14, 15, 16		
15. ESTIMATED FUNDING		16. IS AI	PPLICATION SUBJECT TO REVIEW BY STATE EXEC	TUTIVE ORDER 12372 PROCESS?		
a. Federal	\$2,837,913	a. YE	S, THIS PREAPPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR			
b. Applicant	\$		DATE 5/15/03			
c. State	\$		PROGRAM IS NOT COVERED BY E.O. 1	*****		
	•	b. No	PROGRAM IS NOT COVERED BY E.Q. I	123/2		
d. Local	\$ 709,478		OR PROGRAM HAS NOT BEEN SELECT	ED BY STATE FOR REVIEW		
e. Other	\$	17. IS TI	HE APPLICANT DELINQUENT ON ANY FEDERAL DE	BT?		
f. Program Income	\$	1				
g. TOTAL	ф. 2 #4# 201	]				
	\$ 3,547,391		Yes If "Yes," attach an explanation	X No		
GOVERNING BODY OF THE APP	LICANT AND THE APPRICANT WILL COMP	CATION/PRE LY WITH TE	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT I THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	ED.		
A. Typed Name of Authorized F Peter M. Cipolla	Representative b. Title General	Manage	r	c. Telephone Number 408-321-5559		
d. Signature of Authorized Repo		/	//	e. Date Signed		
	tom k. C	isol	h.	5/2/03		
Previous Editions Not Usable		/		Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102		

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSIS			5/1/03		CA-37-X002-03
1. TYPE OF SUBMISSION			3. DATE RECEIVED		State Application Identifier
Application  Construction	Pre-Application		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
XX Non-construction	☐ Construction ☐ Non-Construction		4. DATE RECEIVED DI PEDERAE AGENCI		Teachin adentifica
					CA-37-X002-03
Legal Name:	Transportation Authority		Organizational Unit:		
(SCVTA)	ransportation Authority				
	•				
5. APPLICANT INFORMATIO			Name and telephone number of the person to be o	ontacted	on
Address(give city, county, state, 3331 North First Stro	eet, Bldg. B	<b>E O</b>	hatters involving this application (give area code)	)	
San Jose, CA 95134			Maria Marinos, Senior Transportat 408-321 5773	tion Pla	nner
6. EMPLOYER IDENTIFICAT			7. TYPE OF APPLICANT: (enter appropriate le	tter in bo	x) G
	MAY	3 0	H. Independent School		
	-2186907				of Higher Learning
8. TYPE OF APPLICATION:	\ <b>Tr                                   </b>	* \ [7]   \	C. Municipal J. Private University D. Township K. Indian Tribe		
New Continuatio	xx Revision TE CLE	:AKIIN	E. Interstate L. Individual F. Intermunicipal M. Profit Organization	n	
If Revision, enter appropriate le	tter(s) in box(es): A		G. Special District N. Other (Specify)		
A. Increase Award B. D	ecrease Award C. Increase Dura	tion	9. NAME OF FEDERAL AGENCY:	n Donie	on IV Can Evangiage CA
D. Decrease Duradon Othe	(specify)		Federal Transit Administration	n, Kegn	on IA, San Francisco, CA
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER	R:	11. DESCRIPTIVE TITLE OF APPLICANTS F	PROJECT	1
	<b>A</b> 0 <b>E</b> 4 <		SANTA CLARA VALLEY TRANS	PORT	ATION AUTHORITY
	20-516		FY 2001-02 FTA SECTION 3037 J		
			COMMUTE PROGRAM (CA-37-	X002-0	3)
TITLE: JOB ACCESS REVER  12. AREAS AFFECTED BY PI	ROJECT (cities, countries, states, etc.)		-		
Santa Clara County	, , ,				
	14. CONGRESSIONAL DISTRICT	T OF			
13. PROPOSED PROJECT Start Date	Ending Date	a. App	olicant		b. Project
7/1/03	7/1/04	13, 14,	15 16		42.44.45.46
15. ESTIMATED FUNDING	//1/04		PPLICATION SUBJECT TO REVIEW BY STATE EX	ECUTIVE	13, 14, 15, 16 ORDER 12372 PROCESS?
a. Federal	d 402 000	a. YF	ES, THIS PREAPPLICATION WAS MADE AVAILAB	LE TO TH	IE.
	\$492,000		STATE EXECUTIVE ORDER 12372 PROCESS F DATE 5/15/2003		
b. Applicant	\$		ACCE EAST OF BOTTO		
c. State	\$	b. No	PROGRAM IS NOT COVERED BY E.	Q. 12372	
A 1 1	ф 102.05				
d. Local	\$ 492,000		OR PROGRAM HAS NOT BEEN SELE	CTED BY	STATE FOR REVIEW
e. Other	\$	17. IS TI	HE APPLICANT DELINQUENT ON ANY FEDERAL	DEBT?	
f. Program Income	\$				
g. TOTAL	\$ 984,000		Yes If "Yes," attach an explanation	X	No
GOVERNING BODY OF THE APP	LICANT AND THE APPAICANT WILL COMP	CATION/PRI LY WITH TI	APPLICATION ARE TRUE AND CORRECT. THE DOCUMES HE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA	RDED.	
A. Typed Name of Authorized F Peter M. Cipolla	Representative b. Title General	Mana	ger	1	-321 <i>-</i> 5559
d. Signature of Authorized Repo		6	11		ite Signed
	Frank. C	riss	We :	<u></u>	12/03
Previous Editions Not Usable					ard Form 424 (REV 4-88) ribed by OMB Circular A-102

<b>APPLICATION</b>	APPLICATION FOR		2. DATE SUBMITTED	Applicant Identifier CA-03-0639		
FEDERAL ASSIS			5/1/03	CA-03-0032		
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier		
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
XX Non-construction	Non-Construction			CA-03-0639		
Legal Name:	L		Organizational Unit:	- OII 00 0007		
Santa Clara Valley Tra		E S				
5. APPLICANT INFORMATIO						
Address(give city, county, state, 3331 North First Street		3 0 2	Name and telephone number of the person to be cor matters involving this application (give area code)	nacted on		
San Jose, CA 95134	, — <b></b>		Maria Marinos, Senior Transportatio			
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		408-321-5773  G. INPEDICANT: (enter appropriate letter)	er in box) G		
o. Emilotek Bertinok	FION NUMBER (EIN): CLE	EARIN	G MOUOT_]  A. State  H. Independent School I	Not		
94	-2186907		in State	itution of Higher Learning		
8. TYPE OF APPLICATION:			C. Municipal J. Private University			
			D. Township K. Indian Tribe E. Interstate L. Individual			
New Continua	ntion X Revision		F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
If Revision, enter appropriate le A. Increase Award B. D.	tter(s) in box(es):  ecrease Award  C. Increase Dura	ation	9. NAME OF FEDERAL AGENCY:			
1	r (specify)	aciUII	Federal Transit Administration,	Region IX, San Francisco, CA		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER	R:	11. DESCRIPTIVE TITLE OF APPLICANTS PR	OJECT		
	20-500		CANTEL OF ADA WALLEY TO ANOD	ODTATION AUTHODITY		
TITLE: Federal Transit: Capit	al Grant (Section 5309 New Starts Prop	gram)	SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2003 FTA SECTION 5309 NEW STARTS GRANT CA-03-0639			
			FOR:			
			1. SILICON VALLEY RAPID			
			(ENV/PRELIMNARY ENG			
			2. HOLLISTER/GILROY CA PROJECT (ENV/PRELIM			
12. AREAS AFFECTED BY PI	ROJECT (cities, countries, states, etc.)		r kojeci (env/frelim	HARI ENGHLERING)		
Santa Clara County						
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT	rs of:				
Start Date	Ending Date	a. App	licant	b. Project		
6/1/2003	4/30/2006	13, 14,	15. 16	13 14 15 16		
15. ESTIMATED FUNDING	1/30/2000		PPLICATION SUBJECT TO REVIEW BY STATE EXEC	13, 14, 15, 16 CUTIVE ORDER 12372 PROCESS?		
a. Federal	h4 227 = 1	1	ES, THIS PREAPPLICATION WAS MADE AVAILABLE			
	\$1,236,564	4. 15	STATE EXECUTIVE ORDER 12372 PROCESS FOR			
b. Applicant	\$		DATE 5/15/03			
c. State	\$	b. No	PROGRAM IS NOT COVERED BY E.Q.	12372		
d. Local	\$ 309,141		OR PROGRAM HAS NOT BEEN SELECT	FED BY STATE FOR REVIEW		
e. Other	\$	17. IS TI	HE APPLICANT DELINQUENT ON ANY FEDERAL DE	вт?		
f. Program Income	\$					
g. TOTAL	\$ 1,545,705	-	Yes If "Yes," attach an explanation	X No		
18. TO THE BEST OF MY KNOWLED	GE AND BELIEF ALL DATA IN THIS APPLIE	CATION/PRE	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT	HAS BEEN DULY AUTHORIZED BY THE		
A. Typed Name of Authorized F		LY WITH TI	IE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARD	c. Telephone Number		
Peter M. Cipolla	General	Manage	r	408-321-5559		
d. Signature of Authorized Repi	pesentative	1/		e. Date Signed		
Previous Editions Not Usable	mm. cepap	h.		Standard/Form 424 (REV 4-88)		
rrevious Lattions Not Usable	′			Prescribed by OMB Circular A-102		

<b>APPLICATION</b>	FOR		2. DATE SUBMITTED	Applicant Identifier CA-03-0635			
FEDERAL ASSIS	STANCE		5/1/03	CIX 00 0000			
1. TYPE OF SUBMISSION		. , , , , , , , , , , , , , , , , , , ,	3. DATE RECEIVED	State Application Identifier			
Application	Pre-Application						
Construction XX Non-construction	Construction  Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
	Non-Construction			CA-03-0635			
			Organizational Unit:	CA-03-0033			
Legal Name: Sonto Clara Valley Tra	nsportation Authority (SCV	/TA)	MAY 3 0 2003				
Santa Ciara vancy 11a	insportation Authority (BC)	IA					
5. APPLICANT INFORMATION	ON.						
5. APPLICANT INFORMATIO			THE STRAINING L	IOUCE			
Address(give city, county, state,	•		Name and telephone number of the person to be cont matters involving this application (give area code)	lacted on less			
3331 North First Street	, Bldg. B		Maria Marinos, Senior Transportation	n Planner			
San Jose, CA 95134			408-321-5773				
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter	r in box) G			
			A. State H. Independent School D	ist.			
94	l-2186907			tution of Higher Learning			
8. TYPE OF APPLICATION:			C. Municipal J. Private University				
ļ — — .			D. Township K. Indian Tribe E. Interstate L. Individual				
New Continua	ntion X Revision		F. Intermunicipal M. Profit Organization				
If Revision, enter appropriate le			G. Special District N. Other (Specify)				
	ecrease Award C. Increase Dura r (specify)	ation	9. NAME OF FEDERAL AGENCY: Federal Transit Administration	Region IX San Francisco CA			
	- (- <b>F</b> 3)		Federal Transit Administration, Region IX, San Francisco, CA				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANTS PRO	DJECT			
			SANTA CLARA VALLEY TRANSPORTATION AUTHORITY				
	20-500		FY 2003 FTA SECTION 5309 BUS/B				
TITLE: Federal Transit: Capit	al Grant (Section 5309 Bus/Bus Facility	y	PALO ALTO INTERMODAL TRAN				
Program)	ROJECT (cities, countries, states, etc.)			isii elittiik (eli ve vois)			
Santa Clara County	ROJECT (cities, countries, states, etc.)						
Santa Ciara County							
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT	rs of:					
Start Date	Ending Date	a. App	licant	b. Project			
9/1/2003	6/30/2005	13, 14,	15.16	12 14 15 16			
15. ESTIMATED FUNDING	0/30/2003		PLICATION SUBJECT TO REVIEW BY STATE EXECU	13, 14, 15, 16 UTIVE ORDER 12372 PROCESS?			
		- 1/1	S, THIS PREAPPLICATION WAS MADE AVAILABLE	TO THE			
a. Federal	\$248,000	a. 10	STATE EXECUTIVE ORDER 12372 PROCESS FOR				
b. Applicant	\$		DATE 5/15/03				
c. State	¢						
C. Suite	\$	b. No	PROGRAM IS NOT COVERED BY E.Q. 1	2572			
d. Local	\$ 62,000	1	OR PROGRAM HAS NOT BEEN SELECT.	ED BY STATE EAD DEVIEW			
u. Doein	\$ 62,000		OR PROGRAM HAS NOT BEEN SELECT	ED BY STATE FOR REVIEW			
e. Other	\$	17. IS TI	IE APPLICANT DELINQUENT ON ANY FEDERAL DEI	BT?			
	Ψ						
f. Program Income	\$						
g. TOTAL	\$ 310,000		Yes If "Yes," attach an explanation	X No			
18. TO THE BEST OF MY KNOWLED GOVERNING BODY OF THE APP	GE AND BELIEF ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMP	CATION/PRE	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT I E ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDE	IAS BEEN DULY AUTHORIZED BY THE D.			
A. Typed Name of Authorized F	depresentative b. Title			c. Telephone Number			
Peter M. Cipolla	General	Manage	r	408-321-5559 e. Date Signed			
d. Signature of Authorized Repo				e. Date argueu/			
total	M. Cipolla			Standard Form 424 (REV 4-88)			
Previous Editions Not Usable							

APPLICATION FOR			2. DATE SUBMITTED Applicant Identifier CA-03-0627				
FEDERAL ASSIS	STANCE	5/1/03	5/1/03			121	
1. TYPE OF SUBMISSION · Application	Pre-Application	3. DATE F	ECEIVED		State Applica	tion Identifier	
Construction XX Non-construction	Construction Non-Construction	4. DATE F	RECEIVED BY FEDERAL AGENC	Y	Federal Iden	ifier	
					CA-03-0	627	
	insportation Authority (SC)		Jaal Unit: 1				
5. APPLICANT INFORMATION	The state of the s	AY 3 0 2003					
Address(give city, county, state, 3331 North First Street	- (		telephone number of the person to boolving this application (give area co		on		
San Jose, CA 95134	CTATE	CLEAR Maria M CLEAR 408-321	Agrinos Senior Transport	ation Pla	nner		
6. EMPLOYER IDENTIFICATION	TION NUMBER (EIN):	age post, printed	DF APPLICANT: (enter appropriate	letter in box	() G		
94	-2186907	A. State B. County	H. Independent Sch y I. State Controlled		f Higher Lear	ning	
8. TYPE OF APPLICATION:	2100/07	C. Munic		ty			
New Continua	ation X Revision	D. Towns E. Interst	ate L. Individual	dia			
If Revision, enter appropriate le	tter(s) in box(es): A, C	F. Interm G. Specia	unicipal M. Profit Organiza Il District N. Other (Specify)				
l .	ecrease Award C. Increase Dura r (specify)	i i	NAME OF FEDERAL AGENCY: deral Transit Administrati		on IX, San	Francisco, CA	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBE	R: 11. DESCI	RIPTIVE TITLE OF APPLICANTS	PROJECT			
	20.500	SANTA	CLARA VALLEY TRAN	SPORT	ATION AU	THORITY	
TITLE: Federal Transit: Capit	20-500 al Grant (Section 5309 Fixed Guidewa)		S FTA SECTION 5309 FIX A LIGHT RAIL TRANSI				
Program)	ROJECT (cities, countries, states, etc.)	VASON	A LIGHT KAIL TRAISI	II COKK	IDOK (CA	-03-0027)	
Santa Clara County	NOTECT (cines, confirms, states, etc.)						
13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL DISTRICT Ending Date	a. Applicant			b. Project		
5/1/2001	6/30/2005	13, 14, 15, 16			12 14 15	المائية	
15. ESTIMATED FUNDING	0/30/2003		SUBJECT TO REVIEW BY STATE E	XECUTIVE	13, 14, 15, ORDER 12372		J. Jan. J.
a. Federal	\$7,241,179		APPLICATION WAS MADE AVAILA			Marian V. S. Comp. 1 St.	F. Sheyen trea
b. Applicant	\$	STATE E	XECUTIVE ORDER 12372 PROCESS 15/03	FOR REVIE	:W	MAY 3 D	2003
c. State	\$						
	<b>7</b>	b. No	PROGRAM IS NOT COVERED BY F	s.Q. 12372		STATE CLEARING	G HO
d. Local	\$ 1,810,295		OR PROGRAM HAS NOT BEEN SEI	ECTED BY	STATE FOR RI	EVIEW	
e. Other	\$	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL	L DEBT?			
f. Program Income	\$						
g. TOTAL	\$ \$9,051,474	Y	es If "Yes," attach an explanatio	on X	No		
18. TO THE BEST OF MY KNOWLED GOVERNING BODY OF THE APP	I GE AND BELIEF ALL DATA IN THIS APPLI LICANT AND THE APPLIMANT WILL COMP	CATION/PREAPPLICATION / LY WITH THE ATTACHED A	ARE TRUE AND CORRECT. THE DOCUM SSURANCES IF THE ASSISTANCE IS AW	ENT HAS BEE ARDED.	N DULY AUTHOR	IZED BY THE	
A. Typed Name of Authorized R Peter M. Cipolla			-	c. Tel	ephone Numbe 321-5 <i>5</i> 59	·	
d. Signature of Authorized Repr		1 11	***************************************		te Signed		
Previous Editions Not Usable	Fun Kr.	igotta.		Can d	rd Form 424 (	DEV 4 88)	
rrevious Editions Not Usable		,		Stand	giu pyrm 424 (.	NL: Y 4-00)	

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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

5	
Approval No. 0348-0043	

APPLICATION FOR				OMB Appro	oval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier	
PEDENAL ASSISTA	101	2/12/03		n/a	
1. TYPE OF SUBMISSION:	· · · · · · · · · · · · · · · · · · ·	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication	n/a		n/a	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	XX Non-Construction			n/a	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
South Los Ange	les Economic	Alliance	nonprofi		
Address (give city, county, State,	and zip code):		1	number of person to be contacted of	on matters involving
8929 S. Sepulv		Suite 414	this application (give a	•	- 406
Los Angeles, C	A 90045		Bill Rap	hiel (310)670-6	0406
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box	×)
					N
9 5 4 6 4 7			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of H	igher Learning
XXNev	✓ ☐ Continuation	Revision	C-Municipal	J. Private University	
		7	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate let	er(s) in box(es)		F. Interstate	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	1 1	N. Other (Specify) <u>NON-pro</u>	ofit
71. 170. 0200	specify):	MAY 2 9 200	)P		
		MAIN	9. NAME OF FEDER	AL AGENCY:	
		·	Economic	Development Adm:	inistratio
		- CO EARING	And the second of the second o		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IÚMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT	Γ:
Title IX		1 1 3 0 2	Technical	assistance reso	ourcetteam
	c Adjustment	-	to assist	municipalities	and non-
				oups who seek El	
12. AREAS AFFECTED BY PR City and South	OJECT (Cities, Counties, Si	naies, eic.):		ct development	
Los Angeles (	County	31		-	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
			I. Desired		
Start Date Ending Date	a. Applicant		b. Project	3.C	
7/03	36		32, 35,	ANG 36 N SUBJECT TO REVIEW BY STA	TE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 F		TEEXECUTIVE
		00	OHDER 12372 F	ROCESS?	
a. Federal	\$ 4 5	5,000.00	a YES THIS PRE	EAPPLICATION/APPLICATION WA	AS MADE.
b. Applicant	\$	00		LE TO THE STATE EXECUTIVE O	l l
D. Applicant			PROCES	S FOR REVIEW ON:	
c. State	\$	.00	1 .	3 3 3 4 1 3 4	/10/02
			DATETO	be submitted 4	/18/03
d. Local	\$	- 000 00			
		5,000.00		RAM IS NOT COVERED BY E. O.	1
e. Other	\$		_	OGRAM HAS NOT BEEN SELECT	EDBA SIVIE
		00	FOR RI	= VIEVV	
f. Program Income	\$		AT 10 THE ADDITO	ANT DELINQUENT ON ANY FEDI	EDAL DEDT2
		90			
g. TOTAL	\$ 90	0,000.00	Yes If "Yes,	" attach an explanation.	XX No
18 TO THE BEST OF MY KNO	1	-	CATION/PREAPPLIC	ATION ARE TRUE AND CORREC	T, THE
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE C	GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES					
a. Type Name of Authorized Re		b. Title		c. Telephone Number	
Bill Raphiel	4	Chief Oper	ating Offi	<u>cer 310/670-6</u>	406
d. Signature of Authorized Rep	resentative/ >			e. Date Signed	
L BULL &	appul				(D 7.03)
	11.				` '
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I a. Type Name of Authorized Ro Bill Raphiel	AY AUTHORIZED BY THE OF THE ASSISTANCE IS AVER PRESENTATIVE	GOVERNING BODY OF T VARDED. b. Title	HE APPLICANT AND	c. Telephone Number	40 (Rev.

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OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 05/21/2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Local Indians For Education.Inc. Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) 4440 Shasta Dam Blvd. Irma Amaro-Davis Shasta Lake City, CA 96019 (530) 275-1513 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) N 2 3 7 6 5 3 8 9 4 Independent School Dist. State 8. TYPE OF APPLICATION: County State Controlled Institution of Higher Learning В. ١. New Continuation Revision Private University C Municipal .1 D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es): Interstate Individual Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration Special District Other (Specify): Non-Profit D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Р S Making Connections TITLE: SP-03-005, Minority SAP and HIV Prevention Services 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Shasta, Siskiyou, Butte, Colusa, Lake, and Mendocino MAY 2 9 2003 Counties in Northern California. 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project Wally Herger, 2nd District (CA) Wally Herger, 2nd District (CA) 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: \$ 350,000.00 a. Federal YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$ .00 DATE . \$ .00 c. State NO. PROGRAM IS NOT COVERED BY E.O. 12372 \$ .00 d. Local OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW \$ .00 e. Other 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ V No YES If "Yes," attach an explanation. g. TOTAL \$ 350,000.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title c. Telephone number a. Typed Name of Authorized Representative Irma Amaro-Davis Director (530) 275-1513 Signature of Authorized Representative e. Date Signed

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

<b>APPLICATION FOR</b>				OMB Approval No. 0348-0043	
FEDERAL ASSISTANCE 2. DATE SUBMITTED			Applicant Identifier		
(	•••	May 28, 2003		03-119	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
X Non-Construction	X Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Chemical Strategies Pa			Niama and Nalambana m		
Address (give city, county, State,			this application (give ar	number of person to be contacted on matters involving	
423 Washington Stree San Francisco, CA 94		RO	, - , , ,	Johnson, (415) 421-3405 x13	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TEPE PFARPLICA	NT: (enter appropriate lefter in box)	
9 1 -2 1 6 6	4 3 5		A. State	H. Independent School Dist.	
B. TYPE OF APPLICATION: MAY 2 8 20			B. County C. Municipal	I. State Controlled Institution of Higher Learning J. Private University	
▼ New	-   _	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es) STAT	TOLEMAN	E. Interstate	L. Individual	
		ELCLEARING H	//Filintermunicipal	M. Profit Organization	
A. Increase Award B. Deci	ease Award C. Increase	G Special District	N. Other (Specify) Nonprofit Organization		
D. Decrease Duration Other(s	pecify):		,		
			9. NAME OF FEDERA		
***************************************			Region 9 Office of	of Pollution Prevention and Solid Waste	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
	[6	6 6 -8 0 9	Testing Chemical Management in Schools		
Callel Mare	L		Project		
	e Management Ass		Floject	,	
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles, Stat	tes, etc.):			
State of California					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
4/3/03   6/4/04	District 8	3	Stat	e of California	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PR	OCESS?	
a. Federal	\$ 45	5,000 ື	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE	
b. Appilcant	\$	- 00		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$	.00	DATE 05	/28/03	
d. Local	\$		DAIL		
	•	•	b. No.   PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$	,00	OR PROG FOR REVI	RAM HAS NOT BEEN SELECTED BY STATE EW	
f. Program income	\$	.00	17 IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	60			
_	45	5,000		ttach an explanation.	
	•			ION ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF I			APPLICANT AND IM	ENCELOWED MICE COMPET MITH THE	
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
Jill Kauffman Johnson,		Executive Director		(415) 421-3405	
d. Signature of Authorized Hepre	entative			e. Date Signed	

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR		2. DATE SUBMIT	TEN	Applicant Identifier
FEDERAL ASSISTANCE			une 5, 2003	Applicant Identifier
TYPE OF SUBMISSION:     Application	Preapplication	3. DATE RECEIVE	ED BY STATE	State Application Number
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction		ED BY FEDERAL AGENCY June 6, 2003	Federal Identifier
5. APPLICANT INFORMATION		<u> </u>	une 6, 2003	
Legal Name:			Organizational Unit:	
City of Brentwood			Police Department	
Address (give city, county, State, ar	nd zip code):	N W E In II	Name and Telephone number	of person to be contacted on matters
708 Third Street Brentwood, CA 94513			involving this application (give Chief Michael R. Davles	area code) (925) 634-6911
6. EMPLOYER IDENTIFICATION				
	3 0 3 MAY 2	8 2003	7. TYPE OF APPLICANT: (6	nter appropriate letter in box)
	hand hand hard had			endent School Dist. Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	ALF ALF A	TOING HOUSE	C. Municipal J. Privat	e University
	Continuation Hevision	KINUTIO	D. Township K. Indier E. Interstate L. Individe	
⊠ New		on	F. Intermunicipal M. Profit	Organization (Specify)
If Revision, enter appropriate letter(s)		•	G. opecial bistrict 14, Other	(Specify)
A. Increase Award B. Decre D. Decrease Duration Other (6)	see Award C. Increase Durati pacify):	lon		
		AAAAAA	<ol> <li>NAME OF FEDERAL AGE</li> <li>U. S. Department of Just</li> </ol>	
10. CATALOG OF FEDERAL DO		EĄ;	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT:
TITLE DUILE CALL	16.710		COPS Universal Hiring F	Program 2003
	y and Community Policing	-	,	1 G G G G G G G G G G G G G G G G G G G
12. AREAS AFFECTED BY PROC City of Brentwood	IECT (Cities, Counties, States,	eto.):		
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:		
COPS Universal Hiring Program 2003.	10			
Start Date Ending Date	a. Applicant	•	b. Project	ers for the Community Policing
FY 03/04 FY 07/08	City of Brentwood P	olice Department	Program.	,
15. ESTIMATED FUNDING:	\$88,735 (first year – per offic	er)	16. IS APPLICATION SUBJ EXECUTIVE ORDER 12372	ECT TO HEVIEW BY STATE PROCESS?
a. Federal	\$ 30,000	,		ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12972
b. Applicant	\$ 58,735		PROCESS FOR REV	
c. State	\$		DATE June 5,	2003
d. Local	\$		b, NO. D PROGRAM IS	NOT COVERED BY E. O. 12372
d. Local	*		OR PROGRAM	HAS NOT BEEN SELECTED BY
e. Other	\$		SIAIEFORA	EVICVV
f. Program Income	\$	,	17. IS THE APPLICANT DE	LINGUENT ON ANY FEDERAL
g. TOTAL	\$ 88,735		prompt to the second	ch an explanation. No
18. TO THE BEST OF MY KNOWL DOCUMENT HAS BEEN DULY AU ATTACHED ASSURANCES IF THE	THOIRZED BY THE GOVERNI	ING BODY OF THE A	TION/PREAPPLICATION ARE T PPLICANT AND THE APPLICA	RUE AND CORRECT, THE NT WILL COMPLY WITH THE
a. type Name of Authorized Repre	sentative b.	Title	c. Telephone	e Number
John E. Stevenson		City Manager		16-5440
d. Signature of Authorized Repres	entative		e. Date Sign	led
John Z		_	5/2	8/03
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OMB Approval No. 0348-0043

4001 10 ATION FOR		O DATE CUDATE	,	I 4 - 13 - 14 - 16
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITT	une 5, 2003	Applicant Identifier
TYPE OF SUBMISSION:     Application     □ Construction	Preapplication  Construction	8. DATE RECEIVE		State Application Number
☑ Non-Construction	Non-Construction	1	D BY FEDERAL AGENCY une 8, 2003	Federal Identifier
5. APPLICANT INFORMATION Legal Name:		,	Organizational Haits	
City of Brentwood	TO E G	E D V E	Organizational Unit: Police Department	
Address (give city, county, State, and 708 Third Street Brentwood, CA 94513	MA	/ 2 8 2003	Name and Telephone number Involving this application (give Chief Michael R. Davies	of person to be contacted on matters area code) (925) 634-6911
6. EMPLOYER IDENTIFICATION N	many promotery printers, [		7. TYPE OF APPLICANT: (6	inter appropriate letter in box)
9 4 6 0 0 0 3	3 0 3	ENDINO HOL	SA. State H. Indep	endent School Dist.
	ISTAILU	EARING HOL	B. County I. State	Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	A Comment of the Comm			e University
<b>53</b>			D. Township K. Indian	
⊠ New [	Continuation Revision	on		Organization
If Revision, enter appropriate letter(s) in	box(ee)		G. Special District N. Other	(Specify)
A. Increase Award B. Decreas		on		
D. Decrease Duration Other (spe	clty):		9. NAME OF FEDERAL AGE	NCY:
			U.S. Department of Jus	tice
10. CATALOG OF FEDERAL DOM		!R: #	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT:
TITLE: Public Safety and Community Policing Grants  COPS in Schools 2003				
12. AREAS AFFECTED BY PROJE	CT (Chies, Counties, States, e	etc.):		
City of Brentwood  13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF		
COPS in Schools 2003	14. CONGRESSIONAL	DISTRICTS OF:		-
	10			
Start Date Ending Date	a. Applicant		b. Project	
FY 03/04 FY 07/08	City of Brentwood Pe	olice Department	Addition of a School Reso	ource Officer.
	38,735 (first year)	once Department	16. IS APPLICATION SUBJ	ECT TO REVIEW BY STATE
			EXECUTIVE ORDER 12372	PROCESS?
a. Federal	\$ 55,000		AVAILABLE TO THE	ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	\$ 33,735		PROCESS FOR REV	IEW ON:
c. State	\$	•	DATE June 5.	2003
		•	b. NO.   PROGRAM IS	NOT COVERED BY E. O. 12372
d. Local	\$	<b>#</b>		I HAS NOT BEEN SELECTED BY
e. Other	\$		STATE FOR A	EVIEW
f. Program Income	s		17. IS THE APPLICANT DE	LINQUENT ON ANY FEDERAL
g. TOTAL	\$ 88,735		Yes If "Yes," attac	ch an explanation. 🔲 No
18. TO THE BEST OF MY KNOWLEI DOCUMENT HAS BEEN DULY AUT ATTACHED ASSURANCES IF THE A	łoirzed by the governi	NG BODY OF THE A	ION/PREAPPLICATION ARE T PPLICANT AND THE APPLICA	RUE AND CORRECT, THE NT WILL COMPLY WITH THE
a. type Name of Authorized Represe	ntative b.	Title	c. Telephone	e Number
John E. Stevenson		City Manager	(925) 5	16-5440
d. Signature of Authorized Represer	itative		e. Date Sign	led /
John Z		<b>3</b> >>	5/28	7/03
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APPLICATION FEDERAL AS			2. DATE SUBMITTED	Applicant Identifier		
TYPE OF SUBMINAPPLICATION	SSION	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
	truction	☐ Construction	4. DATE RECEIVED BY	Federal Identifier		
Non-C	Construction	☐ Non-Construction	FEDERAL AGENCY			
5. APPLICANT INFO	ORMATION					
Legal Name: STATE OF CALI	FORNIA DEPARTMEN	IT OF HEALTH SERVICES	Organizational Unit: DEPARTMENT OF HEALTH SE			
Address (give city, co 601 NORTH SE P.O. BOX 9427 SACRAMENTO	ounty, state, and zip coo VENTH STREET 32 CA 94234-7320	de):	Name and telephone number of involving this application (give an ROBIN R HOOK ( 916)-323-	′		
6. EMPLOYER IDEN	NTIFICATION (EIN):		7. TYPE OF APPLICAN	T: (enter appropriate letter here) <u>A</u>		
<u>68-</u> 03′	17101			. Independent School District		
00-03	17 131		B. County I.	State Controlled Institution of Higher Learning		
			'	Private University		
8. TYPE OF APPLIC	`ATION:			Indian Tribe		
	■ Continuation	☐ Revision		Individual		
			F. Intermunicipal M G. Special District N.	. Profit Organization		
- '	propriate letter(s) in bo					
A. Increase C. Increase	Duration D. Dec	rease Award rease Duration	9. NAME OF FEDERAL AGENC ENVIRONMENTAL PROTECT			
Other Spec	eify:		LIVINORIILATALI NOTLOT	ION AGENCY		
NUMBER:	FEDERAL DOMESTIC	CASSISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
<u>66.468</u>			DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM			
TITLE: CAPITALIZATION GRAN	TS FOR DRINKING WATER	R STATE REVOLVING FUND				
12. AREAS AFFECT etc.):	TED BY PROJECT (cit	ies, counties, states,				
CALIFORNIA - S	STATEWIDE	_				
13. PROPOSED PR	w	14. CONGRESSIONAL	DISTRICT OF	b. Project ALL		
Start Date 01-01-03	End Date 9-30-09	a. Applicant: 1		b. Ploject ALL		
15. Estimated Fund	ling:		16. IS APPLICATION SUI ORDER	BJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal		\$ 82,460,900	12372 PROCESS? YI			
b. Applicant		\$	TO THE STATE EXECUTIVE OF REVIEW ON:	DN/APPLICATION WAS MADE AVAILABLE RDER 12372 PROCESSES FOR		
c. State		\$16,492,180		December 31, 2002		
d. Local		\$	b. NO.   PROGRAM IS NOT	COVERED BY E.O. 12372		
e. Other		\$2,000,000	☐ OR PROGRAM HA	S NOT BEEN SELECTED BY STATE FOR		
f. Program Income	9	\$	17. IS THE APPLICANT DELIN	QUENT ON ANY FEDERAL DEBT?		
g. TOTAL		\$ 100,953,080	☐ YES If "Yes" attach an	explanation. NO		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			B BODY OF THE APPLICANT AND	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH		
	uthorized Representativ		b. Title: Chief Deputy Director	c. Telephone Number		
David Soule			2500	916-653-9306		
d. Signature of Auth	orized Representative	. 0	./ IS [[]]	e. Date Signed		

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APPLICATION FOR				ONE	Approval No. 0948-0
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
		April 28, 2003		l	
TYPE OF SUBMISSION: Application Preapplication		3. DATE RECEIVED BY	STATE	State Application Identifier	
X Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATION					
.egentName: MINERAL	COUNTY WATER	DISTRICT	Organizational Unit:	PECIAL DISTRIC	n.
uldress (give alty, county, State				rumber of person to be confa	
P.O. BOX		TY. CA 96063	this application (give a		
EMPLOYER IDENTIFICATIO				NT: (enter appropriate letter)	
62-1856		G E I V F	A State	H. Independent School Dist.	G
TYPE OF APPLICATION:		<u> </u>	H B. County	1. State Controlled Institution	of Higher Learning
<b>⊠</b> Nev	Continues.	The second	C. Municipal	J. Private University	•
Revision, enter appropriate lett	- 11111 <i>M</i>	AY 27 7000	g. Township	K. Indian Tribe	
· · · · · · · · · · · · · · · · · · ·	COM DE LONGES LI LI	I LI AUG	LE/Interstate F. Internunicipal	L. Individual  M. Profit Organization	
		e Duration	1 1 .	N. Other (Specify)	
D. Decrease Duration Other(	specify): STATE	<b>CLEARING HO</b>	ICE		
	01/11/6	V becken / II (II ( ) I I (	9 NAME OF FEDERA	LAGENCY:	
			U.S.D.A.	- R.D.	
. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROM	ECT:
		10-763	<b>.</b>		
TITLE: E.C.W.	, ·		·		
2. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St	ates, etc.):	RECAPTURE	OF WATER CAPA	CITY
	•	•			
MINERAL,	TEHAMA COUNT	Y CA		• • •	
A. PROPOSED PROJECT ater renovation	14. CONGRESSIONAL D		••		
art Date Ending Date	a. Applicant		Y HERGER  b. Project		
5/01/0410/01/0			2nd Dis		
ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	TATE EXECUTIVE
			ORDER 12372 PR		
Federal	\$	, w			
Applicant	\$	00,000,00	1	PPLICATION/APPLICATION	
	ľ	•	•	TO THE STATE EXECUTIVE FOR REVIEW ON:	E URDEK 12372
State	\$	.**			
Local	\$	- <del>- •</del>	DATE 4/	28/03	
	<b>,</b>		b No TI PROCEDA	M IS NOT COVERED BY E. (	3 12972
Other	\$	.00		RAM HAS NOT BEEN SELE	
			FOR REVI		<del> </del>
Program Income	\$	, 8		)	
TOTAL	\$			T DELINQUENT ON ANY FI	
	51	00,000.00		ttach an explanation.	No No
. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, AL	L DATA IN THIS APPLICA	ATION/PREAPPLICATI	ON ARE TRUE AND CORI	CT, THE
OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF	AUTHORIZED BY THE GO	<b>VERHING BODY OF THE</b>	APPLICANT AND TH	E APPLICANT WILL COMP	Y WITH THE
Type Name of Authorized Repl	resentative	D. Title	· · · ·	a Tolonbar a la anti-	
Shirley Wheel	or	MCWD Board	d Member	c. Telephone Number (530)595-4418	
Signature of Authorized Repre	evitetnes			(1030/1090-441)) e. Date Signed	
	- Haska	Mark		April 28, 200	3
evious Edition Usable	7			Standard Form 42	1 (Rev. 7-97)

### Application for Federal Assistance

#### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

EXHIBIT 3(a)

Type of Submission	2. Date Su	o5/19/2003	4. HUD A	application Number		
X Application	Preapplication 3. Date an	d Time Received by HUD	5. Existin	g Grant Number		
		gad a salari ka kalain an	6. Applica	ant Identification Nur	nber	
7. Applicant's Legal Name (TELA The East Los Angeles	CU) Community Union	8. Organizational Unit				
9. Address (give city, county, State, a A. Address: 5400 E. Olympic Blv B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90022	' ' ' '	10. Name,title,telephone number,facontacted on matters involving this A. Name: Tom F. Provencio B. Title: Vice President C. Phone: (323) 721-1655 D. Fax: (323) 721-3560 E. E-mail: tomptcm@aol.com				
11. Employer Identification Number (I	EIN) or SSN	12. Type of Applicant (enter appro	priate lett	er in box)	N	
95-255	·	A. State B. County	J. India	ersity or College an Tribe	cina Catib. (TDUE)	
13. Type of Application  N New Continuation	Renewal Revision	C. Municipal D. Township E. Interstate	L. Indiv	ally Designated Hou /idual fit Organization	sing Enuty (TDHE)	
If Revision, enter appropriate letters i A. Increase Amount B. Decrease Am D. Decrease Duration E. Other (Spec	ount C. Increase Duration	F. Intermunicipal G. Special District H. Independent School District		n-profit blic Housing Authority er (Specify)	/	
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	internal (OEDA) Niverbox	U.S. Department of Housing 16. Descriptive Title of Applicant's				
15. Catalog of Federal Domestic Ass	1 4 157	16. Descriptive Title of Applicants	riogiaiii			
Title: HUD Section 2 Component Title:	02 Program	Supportive Housing for the Elderly				
17. Areas affected by Program (boro	unhs cities counties States.	1				
Indian Reservation, etc.) City of						
18a. Proposed Program start date 9/30/03	18b. Proposed Program end date 9/30/04	19a. Congressional Districts of Ap 33rd	plicant	19b. Congressional Program	Districts of 43rd	
20. Estimated Funding: Applicant n						
B. No Program is not co	y State Executive Order 12372 Proc n/application was made available to vered by E.O. 12372 seen selected by State for review.	ess? the State Executive Order 12372 Po	rocess fo	r review on: Date_5/	19/03	
22. Is the Applicant delinquent on an Yes If "Yes," explain below	y Federal debt? X No			7		
		MAY 2 7 2009				
	yes (	STATE CLEARING HO	USF			

#### Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Program Other Federa State Local/Tribal Other Total HUD Other HUD Grant Program\* Applicant Share Income Match Funds Share Share Share 9,240,000.00 HUD 9,240,000.00 Section 202 75,000.00 75,000.00 Economic Development Agency 75,000.00 9.315.000.00 9,240,000.00 **Grand Totals** For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

Date (mm/dd/yyyy)

05/19/2003

Name (printed)

Tom F. Provencio

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

the agreement.

Vice President

Title

23. Signature of Authorized Official

### Application for Federal Assistance

#### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

EXHIBIT 8(a)

	<u> </u>		THE A STREET	
	2. Date Su	bmitted 05/19/2003 4	. HUD Application Number	
1. Type of Submission		4 Ti Daniel E. 1910	Eviating Coast Number	
X Application	Preapplication 3. Date an	d Time Received by HUD 5	i. Existing Grant Number	
			Applicant Mc-181-111-111-111	
		6	6. Applicant Identification Nu	mper
FA II II I I I I I I I I I I I I I I I I	CII)	O Occasional II-it		
7. Applicant's Legal Name (TELA	-	8. Organizational Unit		
The East Los Angeles		10. Name,title,telephone number,fa:	v number, and a mail of the	person to be
9. Address (give city, county, State, as		10. Name,title,telephone number,tall contacted on matters involving this		
A. Address: 5400 E. Olympic Blvd	1., Suite 300	A. Name: Tom F. Provencio	application (including area c	uuuu,
B. City: Los Angeles		B. Title: Vice President		
C. County: Los Angeles D. State: California		C. Phone: (323) 721-1655		
D. State: Californja E. Zip Code:90022		D. Fax: (323) 721-3560		
E. ZIP Code: 90022		E. E-mail: tomptcm@aol.com		
44 [5]	INI) or CCN	12. Type of Applicant (enter approp	riate letter in hov)	N
11. Employer Identification Number (E		A. State	l. University or College	L
95-255	4256	A. State B. County	J. Indian Tribe	
do Time of Applianting		·	K. Tribally Designated Hou	ising Entity (TDHE)
13. Type of Application	December 17 December 1	C. Municipal	L. Individual	ionig Linux (1011L)
N New Continuation	Renewal Revision	D. Township		
		E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in		F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amo		G. Special District	O. Public Housing Authorit	У
D. Decrease Duration E. Other (Spec	ify)	H. Independent School District	P. Other (Specify)	
		14. Name of Federal Agency		4
		U.S. Department of Housing		į.
15. Catalog of Federal Domestic Assi		16. Descriptive Title of Applicant's F	rogram	
	<b>14</b> 157			
Title: HUD Section 20	02 Program	Supportive Housing for the Elder	ly	
Component Title:				
17. Areas affected by Program (borou				
Indian Reservation, etc.) City of	Riverside, CA of Riverside			
			); / (40)	Districts of
	18b. Proposed Program end date	19a. Congressional Districts of App 33rd	1	I Districts of 44th
9/30/03	9/30/04		Program	7-74-1
20. Estimated Funding: Applicant m				
21. Is Application subject to review by	y State Executive Order 12372 Proc	ess?	, <u> </u>	/19/03
A. Yes X This preapplication	n/application was made available to	the State Executive Order 12372 Pro	ocess for review on: Date	10,00
B. No Program is not cov	vered by E.O. 12372			
Program has not b	een selected by State for review.			
22. Is the Applicant delinquent on an	y Federal debt? X No	T R R R N W	R F	
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trix								
		low, listing ea	ch program for	which HUD fui	nding is being			
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OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 05/21/2003 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Preapplication Application Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Tenderloin AIDS Resource Center, Inc. Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) 187 Golden Gate Ave. Tracy L. Brown, Executive Director San Francisco, CA 94102 415-241-2540 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) N -3214629 9 4 H. Independent School Dist. State State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: В. County Revision Private University Continuation C. Municipal Indian Tribe D. Township Individual If Revision, enter appropriate letter(s) in box(es): interstate E. Profit Organization Intermunicinal E Other (Specify): Non-profit Special District N. B. Decrease Award C. Increase Duration G. A. Increase Award Other (specify): D. Decrease Duration 9. NAME OF FEDERAL AGENCY: SAMHSA- CSAP 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 3 5 Tenderloin Communities of Color Substance Abuse and HIV 0 0 0 Prevention Collaborative TITLE: Minority SAP and HIV Prevention Services Program 12. AREAS AFFECTED BY PROJECT (cities, countles, states, etc.): San Francisco, CA MAY 27 2b03 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: **Ending Date** Applicant b. Prolect Start Date STATE CLEARING 6 6 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: \$ 350,000.00 a. Federal \$ .00 DATE 05/23/2003 b. Applicant \$ .00 c. State b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ .00 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW .00 s e. Other 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ V No If "Yes," attach an explanation. g. TOTAL \$ 350.000.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title c. Telephone number

**Executive Director** 

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Tracy L. Brown

a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

(415) 241-2540

e. Date Signed

05/21/2003

APPLICATION FO	R .				OMB Approval No. 0348-00	
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED May 20, 2003		Applicant Identifier		
TYPE OF SUBMISSION:     Application     Construction     Non-Construction	Preapplication Construction Non-Construction	3. DATE RECEIVED B	Y STATE	State Application Id	lentifier	
5. APPLICANT INFORMATIO Legal Name: Desert Alliance for	Community EMpowe	erment	Organizational Unit:			
Address (give city, county, Sta 53-990 Enterprise V Coachella, CA 9223	nte, and zip code): Vay, Suite 1 36		this application (give a Jeff Hays or I 760-391-5050	area code) David Saldivar )		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  3 3 0 0 8 5 7 1 8 7  8. TYPE OF APPLICATION:  New Continuation Revision  If Revision, enter appropriate letter(s) in box(es)  A. Increase Award B. Decrease Award C. Increase Duration  D. Decrease Duration Other(specify):			7. TYPE OF APPLICANT: (enter appropriate letter in box)  A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non profit			
		9. NAME OF FEDERAL AGENCY: USDA Rural Development				
TITLE: Community  12. AREAS AFFECTED BY PI  Mecca, California	/ Facility Grants	1 0 - 7 6 6		ile restroom and de seasonal sho	shower units and shade wer & lavatory services	
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e. Other	86,000		OR PROG FOR REVI		N SELECTED BY STATE	
f. Program Income	\$	.00	17. IS THE APPLICAN	T DELINQUENT ON	ANY FEDERAL DEBT?	
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Type Name of Authorized Re Jeffrey A. Hays  d. Signature of Authorized Reference		o. Title Executive Director		c. Telephone Number (760) 391-5050 e. Date Signed	r	
Previous Edition Usable	173			<u> </u>	ラク・の) Form 424 (Rev. 7-97)	

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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 05/21/2003 95-4092046 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: PROTOTYPES WomensLink PROTOTYPES, Centers for Innovation in Health, Mental Healt Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) 5601 W. Slauson Ave., Suite 200 Vivian B. Brown, Ph.D. Culver City, CA 90230 (310) 641-7795 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Ν 9 5 - 4 0 9 2 0 4 6 State H. Independent School Dist. 8. TYPE OF APPLICATION: State Controlled Institution of Higher Learning В. County 1. ✓ New Continuation Revision C. Municipal J. Private University D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es): Individual E. Interstate L. Intermunicipal M. **Profit Organization** A. Increase Award B. Decrease Award C. Increase Duration Special District Other (Specify): non-profit D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: CSAT/SAMHSA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Project EASE (Expanded Access and Service Enhancement), a consortium of Minority AIDS Project (MAP) and PROTOTYPES. TITLE: TI 03-008 A & C 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County (CA) 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: Start Date **Ending Date** a. Applicant b. Project RITATE CLEARING HO 10/01/2003 09/30/2008 32 all 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: \$ 500,000.00 a. Federal YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: \$ .00 b. Applicant DATE \_ .00 c. State \$

			b. NO.	PROGRAM IS NOT COVERED BY E.O. 1	2372
d. Local	\$	.00	P	OR PROGRAM HAS NOT BEEN SELECT	ED STATE FOR REVIEW
e. Other	\$	.00			
f. Program Income	\$	.00	17. IS APPLICA	TION DELINQUENT ON ANY FEDERAL I	DEBT?
			YES	If "Yes," attach an explanation.	₽ No
g. TOTAL	\$	500,000.00		·	_
					RRECT, THE DOCUMENT HAS BEEN DULY SURANCES IF THE ASSISTANCE IS AWARDED.
a. Typed Name of A	uthorized Repr	resentative		b. Title	c. Telephone number
Vivian B. Brown,	, Ph.D.			CEO	(310) 641-7795
d Signature of Auth	orized Repress	entative			e. Date Signed

#### TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICE

Project Title: PROTOTYPES (lead agency) and Minority AIDS Project: Project EASE

**Location:** Los Angeles, CA

**ABSTRACT** 

PROTOTYPES, Centers for Innovation in Health, Mental Health and Social Services and the Minority AIDS Project (MAP) - propose a collaborative Targeted Capacity Expansion Program for substance abuse treatment and HIV/AIDS services. Project EASE (Expanded Access and Service Enhancement) is designed as a consortium effort directed to service racial and ethnic minority populations affected by the twin epidemics of substance abuse and HIV/AIDS within Service Planning Areas 4, 6, and 8 of Los Angeles County, California. The two organizations have combined their expertise and strength of working with communities of color. Target Population: African American and Latina/o men and women who are People Living With HIV/AIDS (PLWH/A) and use drugs including injection drug users (IDUs) and non-IDUs. It is projected that a minimum of 1,000 men and women at risk for HIV/AIDS or PLWH/A will receive outreach, screening, and treatment readiness, and a minimum of 500 men and women will enroll in substance abuse treatment services, 50% male, 50% female, 65% African American, 30% Latino/a, and 5% other ethnic-racial groups. Purpose of the Proposed Project. Project EASE is a collaboration of two agencies with a shared vision to provide quality substance abuse treatment and HIV/AIDS services to communities of color. The primary goal of Project EASE is to enhance and expand outreach, treatment readiness (pretreatment) and substance abuse treatment in conjunction with HIV/AIDS services. PROTOTYPES is recognized as a national leader in substance abuse treatment for PLWH/A. MAP has long provided HIV/AIDS life enhancement and supportive services for people of color living with HIV/AIDS, but has not had internal capacity to provide substance abuse treatment. Thus one of the major purposes of the collaboration will be to build capacity for substance abuse treatment and provide an enhanced, comprehensive continuum of services. The goals and objectives for the project, for a five year period, are as follows. Objective 1. To expand community outreach and screening services to 200 men and women (100 by PROTOTYPES and 100 by MAP) per year. Objective 2. To increase treatment readiness through culturally competent outreach and pretreatment services to 200 men and women (100 by PROTOTYPES and 100 by MAP) per year. Objective 3. To increase/expand substance abuse treatment by 100 slots (50 slots at Minority AIDS Project and 50 slots at PROTOTYPES) per year, Objective 4. For those clients living with HIV/AIDS, to provide enhanced HIV/AIDS services in addition to the substance abuse treatment at both MAP and PROTOTYPES WomensLink. Objective 5. To enhance organizational capacity of the agencies by building new substance abuse treatment capability in MAP and by using data for quality improvement and enhancement for both collaborative partners. The Measurement Group (TMG) will conduct an independent evaluation of Project EASE

### Application for Federal Assistance

#### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission		2. Date S	Submitted	4. HUD Application Number	HUD Application Number	
Application	Preapplication	3. Date a	and Time Received by HUD	5. Existing Grant Number		
CO-SPONSORS	in Government of South and the			6. Applicant Identification Nu	ımber	
WASET, INC. &COM		CORP.	8. Organizational Unit WES WASET, INC.&HOU	I HOLLYWOOD C SING CORPORAT	OMMON11Y ION	
9. Address (give city, county, State,	and zip code)		10. Name,title,telephone number,i	ax number, and e-mail of the	person to be	
A. Address: 3460 S.	Broadway		contacted on matters involving this	s application (including area	codes)	
B. City: Los Ange			A. Name: Noel L. S			
C. County: Los Ange	eles		B. Title: Housing C		<b>4</b>	
D. State: Californ			C. Phone: 323 231-1			
E. Zip Code: 90007			D. Fax: 323 232-0			
		ripani i i i i i i i i i i i i i i i i i i	E.E-mail: hdsimgmt@			
11. Employer Identification Number	(EIN) or SSN		12. Type of Applicant (enter appro	priate letter in box)	N	
95-4354411			A. State	<ol> <li>University or College</li> </ol>		
			B. County	J. Indian Tribe		
13. Type of Application	nd South		C. Municipal	K. Tribally Designated Hou	ising Entity (TDHE)	
X New Continuation	Renewal	Revision	D. Township	L. Individual	Market State	
	generg g	hanniñ	E. Interstate	M. Profit Organization	DEAT	
If Revision, enter appropriate letters	in box(es)		F. Intermunicipal	N. Non-profit	1 4466	
A. Increase Amount B. Decrease An		ion	G. Special District	O. Public Housing Authorit	y	
D. Decrease Duration E. Other (Spe	cify)		H. Independent School District	P. Other (Specify)	MAY 2	
			14. Name of Federal Agency	1		
Service description of the property of the service of the property of the prop		The state of the s	U.S. Department of Housing		TATE	
15. Catalog of Federal Domestic Ass			16. Descriptive Title of Applicant's			
_	il recommendation of the comments of the comme	157	A 35 unit affor	dable senior	housing	
Title: Supportive H	_		project in West	Hollywood, (	CA. Funding	
Component Title:	Elder	Name and Address of the Owner, where the Owner, which the	through HUD's S	Section 202 Ca	pital	
17. Areas affected by Program (boro			Advance Progran	n. For very ]	low income	
Indian Reservation, etc.) Wes		. &	seniors & disab	oled, 62 years	of age	
City of Los Ang					over.	
•	18b. Proposed Program	n end date	19a. Congressional Districts of Ap	plicant 19b. Congressional	Districts of	
9/04	12/05		CA 30 & 29	Program 29		
Stimated Funding: Applicant r     Standard Replication Subject to review b     A. Yes X This preapplication	y State Executive Order	12372 Proc		ocess for review on: Date	5/22/03	
	vered by E.O. 12372					
Program has not t	peen selected by State for	or review.			İ	
22. Is the Applicant delinquent on an	y Federal debt?	X No				
E Secured	or attach an explanation	aradi .				
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res il res, explain below	or attacts an explanation					
res il res, explain below	or attactrant explanation					
res il res, explain below	or attach an explanation					
res il res, explain below	or attach an explanation					
res il res, explain below	or attach an explanation					

\*WASET, INC. is submitting this document on behalf of the co-sponsors.

#### **Funding Matrix**

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	\$3.5 Mil					\$2 Mil	. Esti	mate	0.00
		·							0.00
									0.00
									0.00
garante est de quantitat de la companya de la comp	orangament successive opposite in the constitution of the constitu								0.00
Grand Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

For FHIPs, show both initiative and component

#### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

the agreement.		
23. Signature of Authorized Official	Name (printed) Patric:	ia Swearinger
Title // Secretary, WASET, INC.		Date (mm/dd/yyyy) 5 / 2 2 / 0 3

#### Supportive Housing for the Elderly ' ion 202

## Application for Capital Auvance Summary Information

U.S. Department of Housing and Urban Development

Office of Housing Federal Housing Commissioner

CO-SPONSOR - LAUREL PLACE

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD 202 Project I	Number	đ	PRAC Number
WASET, IN Los Angel	ddress(es) & Telephone Number ( C 3460 S. B es, CA 90007 104 & Fax 323	roadway	2. Minority Sponsor Designation. A minority sponsor is one in which at least 51 percent of the board members are minority.  Is this sponsor a minority applicant? XX Yes No  If "Yes," place the numeric code as shown below in this box 4 & 2
1a. Sponsor is a "grassro	ots" organization XX Yes	No	Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian 3 His. & 2 Af. Am.
3a. Address of Site 1343 N. L	Jaurel Ave. Jywood, CA 9004	Zone, (2) Planning ( (Contact I	to the located within the boundaries of a Federally-designated: (1) Empowerment 1 (1) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Community, or (5) Renewal Community? local HUD Office for information on these designated areas.)    XX   No
4a. Congressional Distric	± 29 5. T	/pe of Area	Capital Advance Amount Requested     7. Project Rental Assistance Contract     Amount Requested
4b. Census Tract	7002	Metropolitan Non-metropolitan	\$ 3,500,000 \$ 153,000 p.a.
8. Total No. of 202 Units 35	8a. Number & Type of Resident  Efficiency	Units Proposed  34 One bedroom	8b. Resident Manager's Unit (check appropriate type)  Efficiency One bedroom
9. Number of Buildings 2 (1 Small Rehab &	10. Type of Project  New Construction  Rehabilitation  Acquisition	Year Built (yyyy)	11. Type of Building(s)  Row/Townhouse Semi-detached XXWalk-up Detached XXElevator
12. Number of Stories	13. Number of Parking Spaces	14. Check utilities and ser	rvices not included in the rent and to be paid directly by the tenant.
2 & 3	23	XXElectric	Water Heat Gas
15. Off-Site Facilities Public Water Sewer Paving Gas Electric	At Site Feet from Site  XX  XX  XX  XX  XX	within HUD'	be a comm. rm. For Additional Units
17. Unusual Site Feature	98	18. Mark one box	Name, Address & Telephone Number
XX None Cuts Fill Erosion Other (speci	Poor Drainage Retaining Walls Rock Foundations High Water Table fy)	Consultant Agent Authorized Representativ	Noel L. Sweitzer Housing Development Services, Inc. 3460 S. Broadway, L.A. CA 90007 323 231-1104 & Fax 323 232-0094
19. If Sponsor is apply Program Name		ogram from the SuperNO	DFA, indicate which application(s) contain the forms with original signatures. Form $-$
		-	
20 Spanner Marray I	name, address & telephone numbe	ur)	By (Signature of Sponsor's Authorized Representative)
Alan D. H	Ross, Esq. ntura Blvd., Si		Type in Name Patricia Swearinger  Type in Title Secretary, WASET, INC. 5/15/03

OMB Approval No. 2502-0267

(exp. 12/31/2003)

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier **FEDERAL ASSISTANCE** 05/22/2003 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: La Clinica de La Raza-Fruitvale Health Project, Inc. Health Education Department Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) 1515 Fruitvale Avenue Jane Garcia Oakland, CA 94601 510-535-4017 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) N 9 4 - 1 7 4 4 1 0 8 State Independent School Dist. 8. TYPE OF APPLICATION: В. County State Controlled Institution of Higher Learning New Continuation Revision Municipal Private University Township Indian Tribe D. K. If Revision, enter appropriate letter(s) in box(es): Interstate Individual F 1 Intermunicipal M. Profit Organization C. Increase Duration Other (Specify): Community Clinic A. Increase Award B. Decrease Award Special District N. D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: DHHH, Substance Abuse Mental Health Services Administration 11, DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Targeted Capacity Expansion Initiatives for Substance Abuse and HIV Prevention in Minority Communities, Services Grant for youth TITLE: RFA#SP-03-005, Minority SAP and HIVP Servs. Prog. in five Oakland schools. 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Oakland, Alameda County, California 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** b. Project a. Applicant 9,13 09/30/2008 9.13 10/01/2003 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: a. Federal 1,700,000.00 YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: .00 DATE 05/22/2003 b. Applicant \$ c. State \$ .00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 S 00. d. Local OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW e. Other .00 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? f. Program Income .00 V No If "Yes," attach an explanation. g. TOTAL 1,700,000,00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Title c. Telephone number

Chief Executive Officer

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d. Signature of Authorized Representative

son a

Jane Garcia

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

(510) 535-4017

e. Date Signed

05/20/2003

APPLICATION OF THE PERSON OF T	ATION FOR 2. DATE SUBMITT L ASSISTANCE 05/23/2			1			
FEUERAL A	13313 I ANG	<u>.</u>	03/23/2003				
1. TYPE OF SUB	MISSION:	Preapplication	3. DATE RECEIVED BY ST	ATE	State Application Ider	tifier	
Application Constr	uction onstruction	Construction Non-Construction	4. DATE RECEIVED BY FE	DERAL AGENCY	Federal Identifier		
5. APPLICANT IN	FORMATION						
Legal Name: B	yron Sani	tary District		Organizational Unit:			
,,,	ty, county, State,	, .		Name and telephone numb application (give area code)		contacted on matters involving this	
	ice Box 6	536		Fred Etzel (51	0)433-1295		
Oakley,	CA 94561	School Control		Bob Byer (925)	•		
6. EMPLOYER ID	ENTIFICATION NUI	MBER (EIN):			1. 1. 1. 1. 1. 1.	[7]	
	361		MAY 2 7 200		<ul> <li>State Controlled Ins</li> </ul>	n <i>box)</i> [G] ol Dist. stitution of Higher Learning	
8. TYPE OF APPL	ICATION:		TATE OLEARING H	L C L L L L L L L L L L L L L L L L L L	I. Private University  C. Indian Tribe		
	✓ New	Continuation Revision	DULL THE PARTY OF	E. Interstate l	Individual  M. Profit Organization		
If Revision, ente	r appropriate lett	er(s) in box(es):		,	N. Other (Specify):		
A. Increase A		السما السما	ncrease Duration	9. NAME OF FEDERAL AGEN	CY:		
D. Decrease		Other (specify):		USDA, Rural De	velopment		
10. CATALOG OF	FEDERAL DOMES	TIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF A	PPLICANT'S PROJECT:		
		10-7	60	Construction of an approx. 2 mile long, 6" force main to convey untreaed wastewater from Byron to the Town of Discovery Bay Community Services District for treatment and disposal.			
TITLE: Wa	ter and W	aste Disposal Loa					
		(Cities, Counties, States, etc.):					
		rporated communit a Costa County, C					
13. PROPOSED P	ROJECT	14. CONGRESSIONAL DISTRICTS	OF:				
Start Date	Ending Date	a. Applicant		b. Project			
08/01/2003	09/01/2003	11th District		11th District			
15. ESTIMATED F	UNDING:			40 40 400 40 500 600 600 600	. TO DESIGN OV CTATE	CUCALITIES ARRED 1841A	
a. Federal		\$ 3,52	2,600.00	16. IS APPLICATION SUBJECT PROCESS?	I TO KEVIEW BY STATE	EXECUTIVE ORDER 123/2	
b. Applicant		\$	0.00			ION WAS MADE AVAILABLE TO THE CESS FOR REVIEW ON:	
c. State		\$	0 .00	DATE 05/23/	2003		
d. Locai		\$	0 .00	b. NO. PROGRA	M IS NOT COVERED I	BY E.O. 12372	
e. Other		\$	0.00	OR PROG	RAM HAS NOT BEEN	SELECTED BY STATE FOR REVIEW	
f. Program Income \$ 0.00			0 .00	17. IS THE APPLICANT DELIN	QUENT ON ANY FEDERA	L DEBT?	
g. TOTAL \$ 3,522,600.00			Yes If "Yes," attach an explanation.				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICA GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED						EEN DULY AUTHORIZED BY THE	
	of Authorized R		b. Title	rd of Directors	c. Telephon	e Number 25-9135	
	Authorized Repre	esentative Sol /	<del>/)</del>		e. Date Sigr	ned 5-21-03	
1			ujer				

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR F.	EDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier				
1. Type of Submission:	•	3. Date Rec'd by State	State Application Identifier				
	Preapplication	TED					
Construction _X_ Nonconstruction	desconstruction [ ]	4. Dae Rec'd by Federal	Federal Identifier LS 97928301				
5. Applicant Information:	MAY 2 3 20	)03 Organizational Unit:					
Legal Name and Address:		Division of Water Quality					
(give city, county, state, and		Name and telephone of person to be contacted on matters in the supplication (give area code):					
1001 1 Street G	Sacramente TouriFE CLEARIN	G Hyorying this application (give ar	ea code):				
Sacramento, C	alifornia (1881)	(016) 241 5752					
Sacramento, C	antorma   73613	(916) 341-5752					
6. Employer Identification N	lumber (EIN):	7. Type of Applicant: (enter appro	7. Type of Applicant: (enter appropriate letter) A				
680281986			dependent School District				
			te Institute of Higher Learning				
<ol><li>Type of Application:</li></ol>			vate University				
New _X_ Revision	Continuation	D. Township K. Inc	dian Tribe				
If Revision, enter appropriate		ŀ	lividual				
A. Increase Award	B. Decrease Award		ofit Organization				
C. Increase Duration		G. Special District N. Ot	her (specify)				
Other (specify)	-	No.					
10 0 1 00 1 10			9. Name of Federal Agency:				
10. Catalog of Federal Dome	estic Assistance Number	U. S. Environmental	Protection Agency				
66.805	•						
Title:		11. Descriptive Title of Applicant	es Project:				
Leaking Onder	ground Storage Tank Trust Fund	Cantinua to development in the					
12. Area Affected by Project	•	Continue to develop and implement					
(cities, counties, states, etc.)			for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances				
(cities, countries, states, cic.)							
13. Proposed Project:		Subtitle I.	regulated under the Resource Conservation and Recovery Act (RCRA)				
Start Date	End Date	14. Congressional District of:					
7/1/02	6/30/05	Applicant: Projec	1.				
			mia - All				
15. ESTIMATED FUNDING	3:	16. Is the application subject to re					
		Executive Order (EO) 12372 proce					
a. Federal	\$5,169,413		ion/preapplication was made				
b. Applicant	\$0		EO 12372 process for				
c. State	\$574,379	review on:					
d. Local	\$0	Date:	May 23, 2003				
e. Other	\$0	b. NO: Program is n	ot covered by EO # 12372				
f. Program Income	\$0		not been selected by the				
		state for revie	•				
g. TOTAL	\$5,743,792	17. Is the applicant delinquent on	any Federal debt?				
		YES, attach explanation	YES, attach explanation X NO				
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION/PRE	EAPPLICATION ARE				
TRUE AND CORRECT, TH	E DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOVERNIN	NG BOARD OF THE				
	PLICANT WILL COMPLY WITH	THE ATTACHED ASSURANCES IF	THE ASSISTANCE				
IS AWARDED.							
<ul> <li>Typed Name of Authorize</li> </ul>	d Representative	b. Title:	c. Telephone Number				
Celeste Cantú		Executive Director	(916) 341-5615				
<ul> <li>d. Signature of Authorized R</li> </ul>	epresentative		e. Date Signed:				

9

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier	
EDERAL ASSISTAN	ICE	2. DATE SUBMITTED	·	Mphilican inendial	
				State Application Identifier	
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIE	Guite Application (dollars)	
Application	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Construction	Non-Construction	14, DATE RECEIVED OF			
Non-Construction  APPLICANT INFORMATION	Mon-consuction				
agai Name:			Organizational Unit:		
City of B	rea	,	Develo	pment Services	- North State of the State of t
		BIVED	Name and telephone this application (give a	number of person to be contacted on r	natters invinvin
1 Givic C	91765				•
Brea, CA Orange Co				wan (714) 990-7766	)
. EMPLOYER IDENTIFICATION	NUMBER EN: MAY	2 7 2003	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
9 5 6 0 0 0	6 8 1			H. Independent School Dist.	<u>C</u>
	71 01 01 11	`	A. State B. County	I. State Controlled Institution of High	er Leamin()
. TYPE OF APPLICATION:	STATE CL	EAR <b>LING LI</b> QUSE	C. Municipal	J. Private University	
☐ New	Communitor	Revision V	D. Township	K. Indian Tribe	·
Revision, enter appropriate lett	er(c) in boy(es)	ן ר	E. Interstate	L. Individual	
Mevision, enter appropriate lett	A		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other	specify):		9. NAME OF FEDER	AL AGENCY:	. 1
	· .•	·			
***************************************			U.S.	· · · · · · · · · · · · · · · · · · ·	
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	i'
		66-606	. Wastewa	ter Infrastructure	, man
			Improve		# # *
TITLE:	0 1 1 2 1 (O) 1 1 O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(clea pta ):			,
12. AREAS AFFECTED BY PR		ales, etc.).			
City of Br	e a ·				
13. PROPOSED PROJECT Sewer Improveme	14. CONGRESSIONAL D	ISTRICTS OF:			·
Slant Date Ending Date	a. Applicant		b. Project		
7/15/02   7/30/04	( ''	ea	Wastewater	Infrastructure Im	proveme
5. ESTIMATED FUNDING:	1 010) 01 01		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE	EXECUTIVE
of Folimetims is accomme			ORDER 12372 P	ROCESS?	
ı. Federal	\$	.00	]		
.,,	87	1,600	a. YES. THIS PRE	APPLICATION/APPLICATION WAS	MADE
o. Applicant	\$ 71	7 1 2 7		E TO THE STATE EXECUTIVE ORD S FOR REVIEW ON:	ER 123/2
		3,127	PHOCESS	S FOR REVIEW ON.	
c. State	\$		DATE	5/27/03	
	\$	.00			
d. Local	*	• •	b. No.   PROGF	RAM IS NOT COVERED BY E. O. 123	72
e. Other	<b> </b>	00	OR PRO	GRAM HAS NOT BEEN SELECTED	BY STATE
u, wiitet			FOR RE	VIEW	
. Program Income	\$ ÷	00			AL DERTA
	·	00	₹	ANT DELINQUENT ON ANY FEDERA	
g. TOTAL	1.58	4,727	Yes If "Yes,"	ettach an explanation.	<b>⊠</b> No
10 TO THE BEST OF MY PMG	WI EDGE AND BELLEE A	LL DATA IN THIS APPLIC	ATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, T	THE
DOCUMENT HAS BEEN DIT	Y AUTHORIZED BY THE G	OVERNING BODY OF TH	IE APPLICANT AND	THE APPLICANT WILL COMPLY WI	TH THE
ATTACHED ASSURANCES I	THE ASSISTANCE IS AV	/ARDED.			
a. Type Name of Authorized Re		b. Title		c. Telephone Number	5. B
Tim O'Donnell		City Man	nager	(714) 990-7710	
d, Signature of Authorized Rep	resentative -	o V		e. Date Signed	<b>9</b>
III III	1 Oconne	<u> </u>		Standard Form 424 (Re	v. 7-97)

OMB Approval No. 0348-0043 Applica... identifier 2. DATE SUBMITTED APPLICATION FOR 1/07/03 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Preapplication Application DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction ☐ Construction Non-Construction xx Non-Construction IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY MYES NO IF YES, LIST ACRONYM(S) 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Jefferson Economic Development Institute Name and telephone and E-mail number of the person to be contacted on matters Address (give city, county, state, and zip code): involving this application (give area code) 711 Pine Street PI: (530) 926-6670 P.O. Box 1586 Nswiftiedi@snowcrest.net Mount Shasta, CA 96067 ADMIN. CONTACT: Nancy T. Swift 7. TYPE OF APPLICANT: (enter appropriate letter in box) Ν 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 H Independent School Dist. 4 8 9 State Controlled Institution of Higher Learning R County Private University Municipal 8. TYPE OF APPLICATION: C Indian Tribe Township D. Individual Interstate E. Continuation Revision vvv New Intermunicipal M. Profit Organization Other (Specify) Nonprofit Special District If Revision, enter appropriate letter(s) in box(es): C. Increase Duration B. Decrease Award A. Increase Award 9. NAME OF FEDERAL AGENCY: Other (specify): Revise expenditures D. Decrease Duration US Small Business Administration (PRIME) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: IEDI's PRIME Sector-Focus Microenterprise Project TITLE: PRIME RBEG 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Siskiyou, County, California 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT: Ending Date a. Applicant Start Date JEDI's PRIME Sector-Focus Microenterprise Project Wally Herger 6/1/03 5/31/04 Carryover Funds for discreet activity to finish program 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED TOTAL PROJECT FUNDING: a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 75,000.00 a. Federal \$ b. Applicant .00 \$ DATE c State 29.000 \$ XX PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other 93,000 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? .00 f. Program Income \$ XX No Yes If "Yes," attach an explanation. g. TOTAL 197,000 \$ 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number b. Title: Executive Director a. Typed Name of Authorized Representative 530-926-6670 Nancy T. Swift e. Date Signed d. Signature of Authorized Representative 3/14//03 Standard Form 424 (REV 4-88) Previous Editions Not Usable Page 1

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OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application

Construction Preapplication ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier R9 # 03 - 143 Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: City of Garden Grove City of Garden Grove Public Works Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code):
Post Office Box 3070, Garden Grove this application (give area code) Mark Uphus (714) 741-5191 ORANGE COUNTY, CA 92842 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): C -600 5 8 4 H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: C. Municipal J. Private University Revision New New Continuation D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) C. Increase Duration A. Increase Award B. Decrease Award Other(specify): D. Decrease Duration 9 NAME OF FEDERAL AGENCY: US EPA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Construction of Bonser Avenue Surveys, studies, investigations [ 6 6 -ნ 6 0 G and special purpose grants Storm Drain 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Garden Grove, Orange County, CA MAY 2 3 2003 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Ending Date a. Applicant b. Project Start Date 03/05 08/06 46 46 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a. Federal 216,800 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE **AVAILABLE TO THE STATE EXECUTIVE ORDER 12372** b. Applicant S PROCESS FOR REVIEW ON: \$ c. State 00 \$ d. Local b. No. PROGRAM IS NOT COVERED BY E. O. 12372 ã OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other 209,945 FOR REVIEW 00 f. Program Income ÷ ---17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 426,745 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative b. Title

Assistant City Manager

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Les M. Jones, II

d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

(714) 741-5375

e. Date Signed

APPLICATION FOR				OMB Appro	oval No. 0348-00	
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 22, 2003		Applicant Identifier		
1. TYPE OF SUBMISSION: <u>Application</u>	Preapplication	3. DATE RECEIVED BY	STATE	State Application (dentifier		
Construction Non-Construction APPLICANT INFORMATION	Construction  Non-Construction	4. DATE RECEIVED BY	BY FEDERAL AGENCY Federal Identifier		(8.5., 8.1)	
Coral Reef Alliance			Organizational Unit: Parks Progra	m		
Addross (give city, county, State	and zip code):		Name and telephone number of person to be contacted on matters involved			
417 Montgomery St., 94104; tel (415)834-0		· ·	this application <i>(give a</i> Tegan Churc	nrea code) her Hoffmann (415)834-	0900 x302	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  9   4   -   3   2   1   1   2   4   5			7. TYPE OF APPLICANT: (enter appropriate latter in box)  A. State H. Indupondoril School Dist.			
B. TYPE OF APPLICATION:			A. State  A. County	I. State Controlled Institution of High	ther Learning	
Nev  Il Revision, criter appropriate lett  A. Increase Award  8. Dec	er(s) in Hox(es)	E purajion 2003	C. Municipal D. Township L. Interstate F. Intermunicipal G. Special District	J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	3	
D. Decrease Duration Other(		- Z-13 2003	1			
		9. NAME OF FEDE		ERAL AGENCY:		
	STATE CL	EARING HOUS	National Oceano	graphic & Atmospheric Adm	inistration	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		1 1 4 6 3	Direct Support to	Goral Park Practitioners in t	he Freely	
TITLE: Habitat Cons	convotion			es of the Pacific: Palau, Mars		
12. AREAS AFFECTED BY PRO		ares arc).	Pohnpei			
Freely Associated States	•					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	<u></u>			
Slart Date	e. Applicant Barbara Boxer	, Nancy Pelosi	b. Project	NA	***************************************	
15, ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE	EXECUTIVE	
			ORDER 12372 PF	ROCESS?		
a. Federal	\$	45,000	. 700 1110 000	ADDITION TO A TION OF THE PARTY	***	
) Applicant	\$	, co	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
c. State	S	us	PROCESS	FOR REVIEW ON: 05/22/03		
J. Local	\$	00	DATE	00/2.2/00		
J. Local	• •	•	b. No. TI PROGRA	AM IS NOT COVERED BY E. O. 123	372	
9 Other	\$	97,250	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
. Program Income	\$	, vi				
ı. TOTAL	\$	142,250	Yes If "Yes," attach an explanation.			
8. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF. AL			TION ARE TRUE AND CORRECT, 1		
				HE APPLICANT WILL COMPLY WI		
ATTACHED ASSURANCES IF		T				
a Type Name of Authorized Representative b. Title Brian Huse, Executive D		b. Title Executive Director	c. Telephone Number (415) 834-0900			
d Signature P Authorized Representative				e. Date Signed		
revious Edition Usable				Slandard Form 424 (Rev	7. 7-97)	
Authorized for Local Reproduction	1			Prescribed by OMB Circu		

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Prescribed by OMB Circular A-102

<b>APPLICATION FOR</b>				OMB Approval No. 0348-0049
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		S. DATE RECEIVED BY	STATE	State Application Identifier
<u>Ap</u> plication	Preapplication			
Construction	Construction	4 DATE RECEIVED B	FEDERAL AGENCY	Federal Identifier
X Non-Construction	Non-Construction	16 6 1 0 1	느	
5. APPLICANT INFORMATION	[[]]			
Legal Name:	[0]		Organizational Unit:	,
The University Co	rporation	MAY 2 2 2003	Poli	ce Department
Address (give city, county, State, California State		rthridge	this application (give	
18111 Nordhoff St	reet	PALEADINOL	Sque G. V.	anScoy (818)677-2764
Northridge, CA 91 5. EMPLOYER IDENTIFICATION	330~8232  STA H	ECLEARING	Special Se	rvices Lieutenant
	2 7 3 2			CANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist.
	_	parent.	B. County	I. State Controlled Institution of Higher Learning
IX Nev	Continuation	Revision	C. Municipal D. Township	J, Privato University K, Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)	1 []	E. Interstate	L. Individual
The second second			F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	
D. Decrease Duration Other(				
,			9. NAME OF FEDER	RAL AGENCY:
			U.S. Depar	tment of Justice
	**************************************	A		mmunity Oriented Policing
10, CATALOG OF FEDERAL D	OMECTIC ACCICEANCE NI	MAED.		
10, CATALOG OF FEDERAL DI	JWESTIC ASSISTANCE INC			TITLE OF APPLICANT'S PROJECT:
		16 - 710		Hiring Grant soliciting funds
TITLE: COPS Univ	rersal Hiring Pr	rogram 2003		add'l police officers
12. AREAS AFFECTED BY PRO				that will focus on terrorism
California State				ss and response through
and surrounding co	mmunita		community p	policing
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
Fall '03 Fall '06	27th		•	27th
15. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	•
a. Federal	\$	00		((0)
	225,000	)	a. YES, THIS PRE	EAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$	,on	1	LE TO THE STATE EXECUTIVE ORDER 12372
				S FOR REVIEW ON:
c. State	\$	ou '	DATE	5/22/03
d. Local	\$	, OD		
	297,750		b. No.   PROGE	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	,00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 522,750	, BD		'attach an explanation.
ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO THE ASSISTANCE IS AWA	VERNING BODY OF THE	ATION/PREAPPLICA E APPLICANT AND T	ITION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Repr	regentativo	b. Title		c. Telephone Number
Scott Perez	$-\mu$ $\Lambda$	Director		818-677-2901
d. Signature of Authorized Repres	sentative A			e. Date Signed 5/22/03
Previous Edition Usable		) — — — — — — — — — — — — — — — — — — —		Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	า			Prescribed by OMB Circular 4-102

					0	MB Approval No. 0348-0043		
APPLICATION FOR		2. Date S	2. Date Submitted (mindayyyy)		Applicant Identifier			
FEDERAL ASSISTANCE			April 14,	2003	IN EG	<u> </u>		
		3. Date I	3. Date Received by Sta		State Applicant Identifier			
Type of Submission     Application	Preapplication				Federal Identifier	Y 2 2 2003		
Construction	Construction	4. Date (mm/dd/y)		Federal Agency	1 1			
Non-Construction	Non-Construction				LOTATE C	LEARING HOUSE		
5. APPLICANT INFORMA	TION				DIAIL	ber bes !		
Lawel Marno		lal Health		Organizational Unit:	Mental Health Service:			
	County Department of Men	ital i icaro.			mber of the person to be contacted on	natters involving this		
Address (give city, county, state 2926 " G " Stree!	e, and no coder			application (give area co arbara Herion	,			
				(209)-381-6802				
Merced, California 95340								
6. EMPLOYER IDENTIFIC	CATION NUMBER (EIN):			7. TYPE OF APPL	CANT:	B-		
	- 6 0 0°	0 5 2	1	A. Stale	<ol> <li>State Controlled Ins</li> </ol>	atulion of Higher Learning		
9 4				B. County C. Municipal	J. Private University  K. Indian Tribe			
8. TYPE OF APPLICATION	ON:			D. Township	L. Individual			
	New ☐ Continue	ation Re	vision	E. Interstate F. Intermunicipa	M. Profit Organization N. Noncrofit			
	<del></del>			F. Intermunicipa G. Special Distri		ency		
If Revision, enter appropriate	(		and the contract of the contra	H. Independent Sch	onl Dist. P. Other			
A. Increase Award	B. Decrease Award	C. Increase Di	<b>Т</b> Гапол		(зресіу)			
D. Decrease Duration	Other (specify):			NAME OF FEDERAL AGENCY:     U.S. Department of Housing & Urban Development				
				AL DESCRIPTIVE	TITLE OF APPLICANT'S PROJ	ECT:		
10. CATALOG OF FED	ERAL DOMESTIC			The Merced C	ounty Department of Mental Heal	h Initiative to End Chronic		
ASSISTANCE NUM	BER: (xx-yyy)			Homelessnes	š.			
TITLE. Collaborative	Inititiative to help End Chr	onic Homelessne	55					
12. AREAS AFFECTED	BY PROJECT (cities, c	ounties, states, t	etc.):			,		
1	Merced, Livingston, Atwati							
San Joaquin Valley:	Los Banos	<b>4</b> (, <b>1</b> ())						
	144 ((	ONGRESSIONAL	DISTRICTS	 DF:				
13. PROPOSED PRO	Ending Date a. Appl				b. Project			
Slart Date (mm/dd/yyyy)	(ww/qq/xxxx)		ongressional D	istrict	18 <sup>th</sup> Congr	essional District		
09/01/03	09/01/06							
	DINC		16. IS APPLI	CATION SUBJECT T	O REVIEW BY STATE EXECUT!	VE ORDER 12372 PROCESS?		
15. ESTIMATED FUN	DING.		a. YES. TI	IIS PREAPPLICATION/A STATE EXECUTIVE OR	PPUCATION WAS MADE AVAILABLE DER 17372 PROCESS FOR REVIEW I	TO THE DN:		
				ATE (mm/ad/yyyy)	April 11, 2003			
			Ur	110 (1111/1007))))		_		
Complete form	HUD-424-M, Fundi	ng Matrix	ь но. [	PROGRAM IS NOT	OVERED BY E.O. 12372			
			-	-	BEEN SELECTED BY STATE FOR R	EVIE'N		
				APPLICANT DELING	JENT ON ANY FEDERAL DEST	? 🗵 No		
		A IN THIS APPLICATIO	Yes INPREAPPLICATE	TOUS AND CORREC	T THE DOCUMENT HAS BEEN DULY			
IS. TO THE BEST OF MY KE	NOWLEDGE AND BELIEF AND DAT ERNING BODY OF THE APPLICANT	AND THE APPLICANT	WILL COMPLY W	TH THE ATTACHED ASSUR	ANCES IF THE ASSISTANCE IS AWARDED.	c. Telephane number		
a Typea Name of Autho	rized Representative				ctor of Mental Health	(Include Area Code) (209)		
	Troy Dean Fox					391-6813		
Signature of Authorize	ed Representative 1.	1 Pa.	Jac	·		04/14/2003		
	7	7 200	-					

		2. Date Submitte	(mm/dd/vvvV)	Applicant Identifier				
PLICATION FO	R							
DERAL ASSIST	ANCE		14, 2003	State Applicantildentiller				
ype of Submissiom			by State (mm/dd/yyyy)	State Appril 10				
pplication	Preapplication							
Construction	Construction		by Federal Agency	Federal Identifier	AY 2 2 2003 U			
	Nan-Constru	ction (mm/dd/yyyy)						
Non-Construction					VENDINO HOUSE			
APPLICANT INFORMA	TION		Organizational Unit	- ISTATE C	LEARING HOUSE			
al Name	County Department of	Mental Health	1 -	Mental Health Service	es matters lavolving this			
			Name and telephone application (give area	number of the person to be contacted o	if manera areasany			
ress (give city, county, state	e, and zip code,		arbara Henon					
2926 " G " Street			(209)-361-6802					
rced, California								
95340			7. TYPE OF APP	LICANT:	В			
EMPLOYER IDENTIFIC	CATION NUMBER (E		(enter appropriate letter		nstitution of Higher Learning			
9 4	- 5 0	0 0 5 2 1	A. State B. County	J Private University				
			C. Municipal	K. Indian Tribe				
TYPE OF APPLICATION	ON:		D. Township	L. Individual M. Profit Organizatio	on			
	⊠ New □ Co	ntinuation Revision	E Interstate F Internunici					
			G. Special Dis		Agency			
Revision, enter appropriate	letter(s) in box(es)		H. Independent S	chool Dist P. Other				
A Increase Award	B Decrease Awa	rd C Increase Duration		(apecily)				
	Other (specify)		9. NAME OF FE	NAME OF FEDERAL AGENCY:     U.S. Department of Housing & Urban Development				
D Decrease Duration	Ottlet (abical)			U.S. Department of Hodging is or				
			-	VE TITLE OF APPLICANT'S PRO	O IFCT.			
ASSISTANCE NUM	Ĺ		Hornelessne	355.				
TITLE Collaborative	Inititiative to help End	d Chronic Hemelessness es, counties, states, etc.):		255.				
TITLE Collaborative	Inititiative to help End	es, counties, states, etc.): hwater,Winton, Chowchilla,Del		255.				
TITLE Collaborative	E Inititiative to help End D BY PROJECT (citi Merced, Livingston, A Los Bano	es, co <i>unties, states, etc.):</i> Atwater,Winton, Chowchilla,Del s	ni.	355.				
TITLE Collaborative	E Inititiative to help End D BY PROJECT (citi Merced, Livingston, A Los Bano	es, counties, states, etc.):  Atwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI	ni.	b Project				
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley	E Inititiative to help End D BY PROJECT (citi Merced, Livingston, A Los Bano	es, co <i>unties, states, etc.):</i> Atwater,Winton, Chowchilla,Del s	ni. CTS QF:	b Project	ngressional District			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PROS	E Inititiative to help End D BY PROJECT (citi Mercod, Livingston, A Los Bano UECT: 1.	es, counties, states, etc.): Awater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant 18th Congression	cts OF:	b Project				
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dc/yyyy)  09/01/03	Ending Dale (mm/dd/yyyy)	es, counties, states, etc.): Awater Winton, Chowchilla Del s  4. CONGRESSIONAL DISTRI Applicant 18th Congression	CTS QF: Onal District	b Project  18 <sup>th</sup> Cor  TTO REVIEW BY STATE EXECU	ITIVE ORDER 12372 PROCESS?			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm//dd/yyyy)	Ending Dale (mm/dd/yyyy)	es, counties, states, etc.): Awater Winton, Chowchilla Del s  4. CONGRESSIONAL DISTRI Applicant 18th Congression	CTS QF: Onal District	b Project	ITIVE ORDER 12372 PROCESS?			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dc/yyyy)  09/01/03	Ending Dale (mm/dd/yyyy)	es, counties, states, etc.): Awater Winton, Chowchilla Del s  4. CONGRESSIONAL DISTRI Applicant 18th Congression	CTS QF: Onal District	b Project  18 <sup>th</sup> Cor  TTO REVIEW BY STATE EXECU	ITIVE ORDER 12372 PROCESS?			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dd/yyyy)  09/01/03  15. ESTIMATED FUN	D BY PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1.  Ending Date (mm/dd/yyyy)  09/01/06  IDING:	Atwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A	DATE (mm/dd/yyy)	b Project  18 <sup>th</sup> Cor  TTO REVIEW BY STATE EXECUTION  NUMBER 12372 PROCESS FOR REVIEW  April 11, 2003	ITIVE ORDER 12372 PROCESS?			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dd/yyyy)  09/01/03  15. ESTIMATED FUN	D BY PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1.  Ending Date (mm/dd/yyyy)  09/01/06  IDING:	Atwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A	DATE (mm/dd/yyy)	b Project  18 <sup>th</sup> Cor  TTO REVIEW BY STATE EXECUTION WAS MADE AVAILABED ORDER 12372 PROCESS FOR REVIEW	ITIVE ORDER 12372 PROCESS?			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dd/yyyy)  09/01/03  15. ESTIMATED FUN	Ending Dale (mm/dd/yyyy)	Anwater Winton, Chowchilla, Delis  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a Y	DATE (mm/dd/yyy)	b Project  18 <sup>th</sup> Cor  TO REVIEW BY STATE EXECU  WAPPLICATION WAS MADE AVAILABORDER 12372 PROCESS FOR REVIE  April 11, 2003  T COVERED BY E.O. 12272	ITIVE ORDER 12372 PROCESS? BLE TO THE W ON:			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dd/yyyy)  09/01/03  15. ESTIMATED FUN	D BY PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1.  Ending Date (mm/dd/yyyy)  09/01/06  IDING:	Anwater Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a Y	DATE (mm/dd/yyy)  PROGRAM HAS NO	b Project  18 <sup>th</sup> Cor  TO REVIEW BY STATE EXECU-  NAPPLICATION WAS MADE AVAILABED BY EXECUTED BY E.O. 12272  IOT BEEN SELECTED BY STATE FOR	ITIVE ORDER 12372 PROCESS? BLE TO THE W ON:			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO.  Start Date (mm/dd/yyyy)  09/01/03  15. ESTIMATED FUN  Complete form	E Inititiative to help End D BY PROJECT (citi Merced, Livingston, A Los Bano UECT: 1. Ending Date (mm/dd/yyyy) 09/01/06 IDING:	Arwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a y  anding Matrix	DATE (mm/dd/yyyy)  O PROGRAM IS NO OR PROGRAM HAS NO THE APPLICANT DELIR	b Project  18 <sup>th</sup> Cor  TO REVIEW BY STATE EXECU-  NAPPLICATION WAS MADE AVAILABED BY EVICES FOR REVIEW  April 11, 2003  T COVERED BY E.O. 12272  IOT BEEN SELECTED BY STATE FOR AUGUST ON ANY FEDERAL DES	ITIVE ORDER 12372 PROCESS? BLE TO THE W ON:			
12. AREAS AFFECTEI San Joaquin Valley  13. PROPOSED PRO Start Date (mm/dd/yyyy) 09/01/03  15. ESTIMATED FUN  Complete form	D BY PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1. Ending Date (mm/dd/yyyy) 09/01/06  IDING:	Abwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a y  anding Matrix  17. IS	DATE (mm/dd/yyyy)  OPPOGRAM IS NO OR PROGRAM HAS NO THE APPLICANT DELIN Yes If Yes atlach	b Project  18 <sup>th</sup> Cor  TO REVIEW BY STATE EXECU-  N/APPLICATION WAS MADE AVAILAB- ORDER 12372 PROCESS FOR REVIEW  April 11, 2003  T COVERED BY E.O. 12272  IOT BEEN SELECTED BY STATE FOR ACCUENT ON ANY FEDERAL DESIGN EXPLANATION.	ITIVE ORDER 12372 PROCESS?  BLE TO THE W ON:  R REVIEW  BT?  No			
12. AREAS AFFECTEI San Joaquin Valley  13. PROPOSED PRO Start Date (mm/dd/yyyy) 09/01/03  15. ESTIMATED FUN  Complete form	D BY PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1. Ending Date (mm/dd/yyyy) 09/01/06  IDING:	Abwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a y  anding Matrix  17. IS	DATE (mm/dd/yyyy)  OPPOGRAM IS NO OR PROGRAM HAS NO THE APPLICANT DELIN Yes If Yes atlach	b Project  18 <sup>th</sup> Cor  TO REVIEW BY STATE EXECU-  N/APPLICATION WAS MADE AVAILAB- ORDER 12372 PROCESS FOR REVIEW  April 11, 2003  T COVERED BY E.O. 12272  IOT BEEN SELECTED BY STATE FOR ACCUENT ON ANY FEDERAL DESIGN EXPLANATION.	ITIVE ORDER 12372 PROCESS?  BLE TO THE W ON:  R REVIEW  TO RESTRICT THE REVIEW  TO REVIEW  TO RESTRICT THE REVIEW			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dd/yyyy) 09/01/03  15. ESTIMATED FUN  Complete form  18. TO THE BEST OF MY K AUTHORIZED BY THE GOV	D BY PROJECT (citi  Merced, Livingston, A Los Bano  JECT: 1.  Ending Date (mm/dd/yyyy)  09/01/06  IDING:  1 HUD-424-M, FL  NOWLEDGE AND BELIEF, A PERNING BODY OF THE APP	Abwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a y  anding Matrix  17. IS	DATE (mm/dd/yyy)  OR PROGRAM IS NO OR PROGRAM IS NO OR PROGRAM AS NO THE APPLICANT DELIR YES If Yes alach PLICATION ARE TRUE AND COR OR TITLE	b Project  18th Cor  TO REVIEW BY STATE EXECU-  NIAPPLICATION WAS MADE AVAILABE  ORDER 12372 PROCESS FOR REVIEW  April 11, 2003  T COVERED BY E.O. 12372  NOT BEEN SELECTED BY STATE FOR  ACQUENT ON ANY FEDERAL DESIGN EXPLANATION.  RECT. THE DOCUMENT HAS BEEN DULY  RURANCES IF THE ASSISTANCE IS AWARDING.	ITIVE ORDER 12372 PROCESS?  BLE TO THE W ON:  R REVIEW  BT?  No  c. Telaphone number (Include Area Code) (209)			
12. AREAS AFFECTEI San Joaquin Valley  13. PROPOSED PRO Start Date (mm/dd/yyyy) 09/01/03  15. ESTIMATED FUN  Complete form	Entititative to help End B PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1. Ending Date (mm/dd/yyyy) 09/01/06  IDING: 1 HUD-424-M, FL	Abwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a y  Inding Matrix  b f  17. IS  LL DATA IN THIS APPLICATION/PREAPILICANT AND THE APPLICANT WILL COM-	DATE (mm/dd/yyy)  OR PROGRAM IS NO OR PROGRAM IS NO OR PROGRAM AS NO THE APPLICANT DELIR YES If Yes alach PLICATION ARE TRUE AND COR OR TITLE	b Project  18 <sup>th</sup> Cor  TO REVIEW BY STATE EXECU-  N/APPLICATION WAS MADE AVAILAB- ORDER 12372 PROCESS FOR REVIEW  April 11, 2003  T COVERED BY E.O. 12272  IOT BEEN SELECTED BY STATE FOR ACCUENT ON ANY FEDERAL DESIGN EXPLANATION.	ITIVE ORDER 12372 PROCESS?  BLE TO THE WION:  R REVIEW  BT?  No  c. Telaphone number (Include Area Code) (209) 381-6813			
TITLE Collaborative  12. AREAS AFFECTED  San Joaquin Valley  13. PROPOSED PRO  Start Date (mm/dd/yyyy) 09/01/03  15. ESTIMATED FUN  Complete form  18. TO THE BEST OF MY K AUTHORIZED BY THE GOV	B Inititiative to help End B PROJECT (citi Merced, Livingston, A Los Bano  JECT: 1. Ending Date (mm/dd/yyyy) 09/01/06  IDING:  1 HUD-424-M, FL PRINING BOOY OF THE APPOPULED REPRESENTATIVE Troy Dea	Abwater, Winton, Chowchilla, Del s  4. CONGRESSIONAL DISTRI Applicant  18th Congression  16. IS A a y  Inding Matrix  b f  17. IS  LL DATA IN THIS APPLICATION/PREAPILICANT AND THE APPLICANT WILL COM-	DATE (mm/dd/yyy)  OR PROGRAM IS NO OR PROGRAM IS NO OR PROGRAM AS NO THE APPLICANT DELIR YES If Yes alach PLICATION ARE TRUE AND COR OR TITLE	b Project  18th Cor  TO REVIEW BY STATE EXECU-  NIAPPLICATION WAS MADE AVAILABE  ORDER 12372 PROCESS FOR REVIEW  April 11, 2003  T COVERED BY E.O. 12372  NOT BEEN SELECTED BY STATE FOR  ACQUENT ON ANY FEDERAL DESIGN EXPLANATION.  RECT. THE DOCUMENT HAS BEEN DULY  RURANCES IF THE ASSISTANCE IS AWARDING.	ITIVE ORDER 12372 PROCESS?  BLE TO THE W ON:  R REVIEW  BT?  No  c Telephone number (Include Area Code) (209)			

QMB Approval No. 0348-0043

700.0.0.0	2. Date Submitted (mm/dd/yyyy)				
		03/28 3. Date Received by S		State Application Identifier	
1. Type of Submission	Pre-application		rate (neuronyyyy)		
Application  Construction	Construction		ederal Agency (mm/dd/yyyy)	Federal Identifier	
	X Non-Constru	i	• .		
X Non-Construction  5. Applicant information	<u> </u>	AND THE PERSON AND PARTY FOR THE PERSON AND PROPERTY OF THE PERSON AND PARTY FOR THE PERSON PARTY FOR THE PERSON AND PART	and the second control of the control of the second of the		
Legal Name			Organizational Unit		
HUMBOLDT AMATEUR R	ADIO CLUB		ARRL		
Address (give city, county, State,	and zip code)	Communication of the Application	Name and telephone number application (give area code)	r of the person to be contacted on matters involving this	
P.O. BOX 5251			1		
EUREKA, CA 95502			MARCELINA CAMPBE 707-442-3866	ELL	
6. Employer Identification Numb	er (EIN) (xx-yyyyyyy)		7. Type of Applicant (en	ter appropriate letter in box) N	
	788089		A. State	J. Private University	
			B. County	K. Indian Tribe	
8. Type of Application:			C. Municipal	L. Individual	
•••	nuation Revis	ion	D. Township	M. Profit Organization	
	inace of	h	E. Interstate	N Nonprofit O Public Housing Agency	
If Revision, enter appre	opriate letter(s) in b	ox(es):	F. Inter-municipal G. Special District	P. Other (Specify)	
	B. Decrease Award	C. Increase Duration	H. Independent School C		
A. Increase Award		C. Increase Duration	I. State Controlled Institu	tion of Higher Learning	
D. Decrease Duration	Other (specify)		9. Name of Federal Agency USDA RURAL DEVI	ELOPMENT COMMUNITIES FACILITIES	
10. Catalog of Federal Domestic	Assistance Number	(xx-vvv)	11. Descriptive Title of Appl	licant's Project	
10. Catalog of Faderal Domestic			MOBILE EMERGEN	ICY COMMUNICATION VEHICLE	
Title:		10 766			
	ITTITIO I O ANIO ANI	DODANTO			
COMMUNITIES FACIL	ITIES LUANS AN	D GHANTS		Company of the compan	
12. Areas Affected by Project (c	ities, counties, States,	etc.)		MAY 2 2 2003	
According to the control of the cont		Bladdan		CTATE CLEAPING FOURE	
13. Proposed Project		14 Congressional Districts of	)   	b Project	
(	g Date (mm/dd/yyyy)	a. Applicant HUMBOLDT AMATEU	ID RADIO CLUB	EMERGENCY COMMUNICATIONS	
03/28/03	03/28/04	HUMBOLDI AMATEC		ect to Review by State Executive	
15. Estimated Funding	n de antique destructura de la que de care de la que para como en la companya de la companya de la companya de				
			Order 12372 Proces	pplication/application was made available to t	
			a. <b>Yes</b> This pre-all State Executive	Order 12372 Process for review on:	
			Date (mm/dd/yy	yy)03/28/03	
Complete form	HUD-424-M,	Funding Matrix	b. No Program	n is not covered by E.O. 12372	
			or Program	n has not been selected by State for review.	
			477 to the Applicant De	ilinquent on Any Federal Debt?	
				attach an explanation X No	
			163 11 103,	and an emphasize [2]	
		ef, all data in this applica	tion/pre-application are	true and correct, the document has been di	
18. To the best of my kn	owledge and beli	nlicant and the annlicant	will comply with the atta	ched assurances in the assistance is a true as	
authorized by the governi	ng body of the ap	plicant and the applicant	will comply with the atta	ched assurances if the assistance is awarde	
authorized by the governi a. Typed Name of Authorized Re	ng body of the appresentative	b. Title	Will Comply with the atta	Cited doodianood it and doctor	
authorized by the governi a. Typed Name of Authorized Re MARCELINA CAMPBEI	ng body of the appresentative	plicant and the applicant	Will Comply with the atta	c. Telephone Number (Include Area Code) 707-442-3866	
authorized by the governi a. Typed Name of Authorized Re	ng body of the appresentative	b. Title	will comply with the atta	c. Telephone Number (Include Area Code)	

APPLICATION FOR			2. DATE SUBN ED			Applicant Identifier	
FEDERAL A		3	May 15, 2003				
TYPE OF SUBMISSIO			3. DAT	E RECEIVED BY STATE		State Application Identifier	
Application		Preapplication					
☐ Construction ■ Non-Construction		☐ Construction  ◆ Non-Construction	4. DAT	E RECEIVED BY FEDERAL AGENCY	Y	Federal Identifier	
5. APPLICANT INFORM	IATION						
Legal Name: Gateway		Governments	Organiz	ational Unit: Not applicable			
Address (give city, county, 7300 Alondra Paramont, CA	Blvd., Suite 103	generate мысков по 100 д септом го по	Name at	nd telephone number of the person to be ea code)  Mr. Jack Joseph 562-6			
6. EMPLOYER IDENTIFICATION (EIN):  95 - 4666706  8. TYPE OF APPLICATION:  New © Continuation © Revision  If Revision, enter appropriate letter(s) in box(es):  A. Increase Award C. Increase Duration Other Specify:  STATE CLEARING HOU				D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization			
			9. NA!	ME OF FEDERAL AGENCY: Environmental Protection	n Age	ncy	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606 TITLE: Special Purpose Grants  12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Develop and implement a Diesel Emission Reduction Program in the Gateway Cities subregion of Los Angeles, CA.				
13. PROPOSED PROJECT Diesel Emission Reduc		os Angeles County  14. CONGRESSIONAL DISTRICT OF:	CA	33,34,37,38,39			
Start Date October 1, 2002	End Date October 1, 2005	a. Applicant: CA				b. Project  CA 33.34.37.38	
15. Estimated Funding:			16.	IS APPLICATION SUBJECT TO	REVIE	W BY STATE EXECUTIVE OR	
a. Federal b. Applicant		\$ 447,100.00 \$ —	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FON:				
c. State		\$ -	-	DATE <u>May 15, 2003</u>			
d. Local		\$ -	b.	NO.  PROGRAM IS NOT COVERE	D BY I	E.O. 12372	
e. Other		\$ -		□ OR PROGRAM HAS NOT BE	EN SE	LECTED BY STATE FOR REV	
f. Program Income \$ —			17. IS	THE APPLICANT DELINQUENT ON	1 ANY		
g. TOTAL		\$ 447,100.00		Yes If "Yes" attach an explanation.		■ No	
BEEN DUL	ST OF MY KNOWLEI Y AUTHORIZED BY FANCE IS AWARDEE	OGE AND BELIEF. ALL DATA IN THIS AP THE GOVERNING BODY OF THE APPLICA ).	PPLICATIO ANT AND	ON/PREAPPLICATION ARE TRUE AN THE APPLICANT WILL COMPLY WI	ITH TH	RRECT, THE DOCUMENT HA	
a. Typed Name of Autho	rized Representative.	Richard Powers	b. Tit	le: Executive Director		c. Telephone Number 562-663-6850	
d. Signature of Authoriza	ed Representative					e. Date Signed May 15, 2003	

Previous Editions Not Usable Standard Form 424A (REV 4-88)
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#### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

2. Date S	ubmitted 4. HUD Application Number 4. HUD Application Number
1. Type of Submission  X Application Preapplication 3. Date at	nd Time Received by HUD 5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Southern California Presbyterian Homes	8. Organizational Unit Corporate Office
9. Address (give city, county, State, and zip code) A. Address: 516 Burchett Street B. City: Glendale C. County: Los Angeles D. State: California E. Zip Code: 91203	10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)  A. Name: Sally Little  B. Title: Vice President, Affordable Housing  C. Phone: (818) 247-0420  D. Fax: (818) 247-3871  E. E-mail: sallylittle@scphs.com
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appropriate letter in box) N
95-1894293  13. Type of Application  X New Continuation Renewal Revision  If Revision, enter appropriate letters in box(es)  A. Increase Amount B. Decrease Amount C. Increase Duration  D. Decrease Duration E. Other (Specify)  15. Catalog of Federal Domestic Assistance (CFDA) Number  Title:  Component Title: Mountain Vistas II	A. State B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District D. Public Housing Authority H. Independent School District P. Other (Specify)  14. Name of Federal Agency U.S. Department of Housing and Urban Development  16. Descriptive Title of Applicant's Program Construction of a 40-unit affordable housing community for low income seniors in the cty of Redding, california to be developed under the Section 202 Supportive Housing for the Elderly Capital Grant Program.
Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)     Redding, Shasta County, California	
18a. Proposed Program start date 6/1/05 18b. Proposed Program end date 12/1/06	19a. Congressional Districts of Applicant 27 19b. Congressional Districts of Program 2
20. Estimated Funding: Applicant must complete the Funding Matrix 21. Is Application subject to review by State Executive Order 12372 Proc. A. Yes X This preapplication/application was made available to Program is not covered by E.O. 12372 Program has not been selected by State for review.  22. Is the Applicant delinquent on any Federal debt? X No Yes If "Yes," explain below or attach an explanation.	

Funding Matrix									
The applicant m	nust provide the f	funding matri	x shown beld	ow, listing each r	program for v	which HUD fun	nding is beir	ng	
requested, and complete the certerfications.									
rant Program	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	Other	Program	Total
Ŭ	Share	Match	Funds	Funds	Share	Share		Income	
Section 202	3,681,211	25,000					25,000		3,731,211
Grand Totals	3,681,211	25,000	0.00	0.00	0.00	0.00	25,000	0.00	3,731,211
	best of my know								n behalf
	, to any Person f								
	fficer or employe								
	grant or its extender influencing or a								
	n to Report Lobb								
	and disclose acc		/ 11141 / 5.14	oquito un cas an		11010 (111-1-1-1	5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
, ,	gnized Indian Tr		ally designate	ed housing entition	es (TDHEs)	established by	/ Federally-	recognized I	ndian tribes
as a result of th	e exercise of the	e tribe's sover	reign power a	are excluded fror	m coverage	of the Byrd Am			
	Es established ur								_
	on incorporates th								
	are seeking the								
	nis application is	true and corr	ect and cons	stitutes materiai i	representant	on of fact upon	Which Hot	J may rely in	awarding
the agreement.			1	<del></del>		Name (printed	4/	Sally Little	
02 Cianaturo o	f Authorized Offic	nin!	keey ji	vile	i	Maine (Printer	1)	Jany Line	
Title	Authorized Office		ent, Affordable				Date (mm/	dd/yyyy)	

06/13/2003

### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission	ate Submitted 4. HUD Application Number
X Application Preapplication 3. D	ate and Time Received by HUD 5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Southern California Presbyterian Hom	8. Organizational Unit Corporate Office
<ul> <li>9. Address (give city, county, State, and zip code)</li> <li>A. Address: 516 Burchett Street</li> <li>B. City: Glendale</li> <li>C. County: Los Angeles</li> <li>D. State: California</li> </ul>	<ul> <li>10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)</li> <li>A. Name: Sally Little</li> <li>B. Title: Vice President, Affordable Housing</li> <li>C. Phone: (818) 247-0420</li> </ul>
E. Zip Code:91203	D. Fax: (818) 247-3871 E. E-mail: sallylittle@scphs.com
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appropriate letter in box) N
95-1894293	A. State I. University or College B. County J. Indian Tribe
13. Type of Application  X New Continuation Renewal Revisio	
If Revision, enter appropriate letters in box(es)  A. Increase Amount B. Decrease Amount C. Increase Duration	E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority
	,
D. Decrease Duration E. Other (Specify)	H. Independent School District P. Other (Specify)
	14. Name of Federal Agency
	U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number  1 4 157  Title:	16. Descriptive Title of Applicant's Program  Construction of an 80-unit affordable housing community for low income seniors in the cty of Fresno, california to be developed under the Section 202 Supportive Housing for the Elderly Capital Grant Advance.
Component Title: Fresno Affordable Senior Housing	Supporting to the Edding Suprair State Advance.
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Fresno, Fresno County, California	
18a. Proposed Program start date 6/1/05 12/1/06	27 Program 19
20. Estimated Funding: Applicant must complete the Funding Ma	atrix on Page 2.
21. Is Application subject to review by State Executive Order 12372  A. Yes X This preapplication/application was made available  B. No Program is not covered by E.O. 12372  Program has not been selected by State for review	le to the State Executive Order 12372 Process for review on: Date_5/9/03
22. Is the Applicant delinquent on any Federal debt? X No Yes If "Yes," explain below or attach an explanation.	
·	MAY 2 2 2003
	STATE CLEARING HOUSE

#### Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certerfications. HUD rant Program' Applicant Other HUD Other Federal State Local/Tribal Other Program Total Share Match Funds Funds Share Share Income 25.000 8,110,905 8,060,905 25,000 Section 202 Grand Totals 0.00 25.000 0.00 8,110,905 8,060,905 25,000 0.00 0.00 0.00 \*For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid by or on behalf of the applicant, to any Person for influence or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall completed and submitt Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian trbes and TDHEs established under State law are not excluded from the statute's coverage. This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or reneews and incorporates for the funding you are seeking the Assurances and Certifcations currently on file with HUD. To the best of my knowledge and belief, all informaiton in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement. Name (printed) Sally Little 23. Signature of Authorized Official Vice President, Affordable Housing Date (mm/dd/yyyy)

06/13/2003

				OMB Approval No. 0348-0043		
	2 Data Submitted to	m/dd/vvvv)	Applicant Identifier			
APPLICATION FOR		2. Date Submitted (mm/dd/yyyy)				
FEDERAL ASSISTANCE	April 11		State Applicant dentiner			
1. Type of Submissiom	3. Date Received by	State (mm/dd/yyyy)	State Applicant dentiner			
Application Preapplication			Hn			
Construction Construction	4. Date Received by (mm/dd/yyyy)	Federal Agency	Federal dendifier MAY 2	2 2003 <u> </u>		
Nan-Construction Nan-Construction						
5. APPLICANT INFORMATION			STATECHEA	RINGHOUSE		
Lanai Name		Organizational Unit.	DIAIL OLL	MING FIOURE		
Merced County Department of Mer	ital Health	Name and lelephone nu	mber of the person to be contacted or	matters involving this		
Address (give city, county, state, and zip code):		application (give area co				
2926 " G " Street		Barbara Herion, Assista (209) 381-6813	A Checker			
Merced , California 95340				D		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	•	7. TYPE OF APPLI	bos)	В		
9 4 - 6 0 0	0 5 2 1	A State B County	J Private University	stitution of Higher Learning		
8. TYPE OF APPLICATION:		C. Municipal	K. Indian Tribe			
		D Township E. Interstate	L. Individual  M. Prafit Organization			
New □ Continue	BIION Revision	F Intermunicipal				
If Revision, enter appropriate letter(s) in box(es):		G Special Distric		gency		
A Increase Award 8. Decrease Award	C. Increase Duration	H Independent Sch	(Specily)			
D Decrease Ouration Other (specify).		9. NAME OF FEDERAL AGENCY: HRSA				
Applicant is not requesting furding	at this time.					
		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (**x*yyy)		The Merced County Department of Mental Initiative to End Chronic				
		Homelessness	outry Separate Visit			
TITLE Collaborative Initative to End Chronic He	omelessness					
		-				
12. AREAS AFFECTED BY PROJECT (cities, co						
San Joaquin Valley: Merced, Winton, Delhi	, Livingston, Los Banos					
	NGRESSIONAL DISTRICTS	OF:				
13. PROFOGESTRATE			b. Project			
Start Date Ending Date a. Appli (mm/dd/yyyy)	<sub>18<sup>in</sup> Congressional [</sub>	)istn <b>d</b>	t8 <sup>th</sup> Cong	ressional District		
20104105	,					
03/07/00	16 IS APPL	CATION SUBJECT TO	D REVIEW BY FALLS OF	WE ORDER 12372 PROCESS?		
15. ESTIMATED FUNDING:	a. YES. T	and control of a Trongal	BUICATION WAS MADE AVAILABLE	E TO THE		
		STATE EXECUTIVE ORD	PER 12372 PROCESS FOR REVIEW	UN.		
	0	ATE (mm/dd/yyyy)	April 11, 2003			
Fundie	o Matrix					
Complete form HUD-424-M, Funding	b. NO.	PROGRAM IS NOT C	OVERED BY E.O. 12372			
	OR	PROGRAM HAS NOT	BEEN SELECTED BY STATE FOR F	REVIEW		
		200 100	ENT ON ANY FEDERAL DEBT	7		
	1 Type	ii "Yes" allach an e	xplanation	№ №		
18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DAT	A IN THIS APPLICATION PREAPPLICATI	ON ARE TRUE AND CORRECT	T. THE DOCUMENT HAS BEEN DULY			
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT	AND THE APPLICANT WILL COMPLY W	b. Title	HOLD II THE TOOK INC.	c. Telephone number		
Typed Name of Authorized Representative     Troy Dean Fox		<b>3.</b>	tor of Mental Health	(Include Area Gode) (209) 381- 6813		
				e Date Signed (mm/dd/yyyy)		
d. Signature of Authorizod Representative	5.4			04/14/03		
from Land	1/2/					

APPLICATION		z. OATE SUBMITTED APRIL 11, 2003	Applicantide E E E V E
FEDERAL AS	SISTANCE	3. DATE RECEIVED BY S	TATE State Application Identifier
Application	Pre-application		MAY 2 2 2003 15
Construction	Construction	4. DATE RECEIVED BY FEI	ERAL AGENCY Federal Lectule
Non-Construction	Non-Construction		TO HOLIOF
5. APPLICANT INFORMA	TION		Organizational Unit: STATE CLEARING HOUSE
Legal Name MERCED COUN	TY DEPARTMENT C	OF MENTAL HEALTH	ADULT SERVICES  Name and telephone number of the person to be contacted on matters involving this
Address (give city, county	. state, and zip code):		application (give area code)
2926 " G " STREE	ĒΤ		BARBARA HERION, ASSISTANT DIRECTOR
MERCED, CALIF	FORNIA. 95340		(209) 381-6802
6, EMPLOYER IDENTIFI  9  8. TYPE OF APPLICATI  If Revision, enter approp  A increase Award	4 - 6 0 0 0 ON:	5 2 1  Continuation Revision  C. Increase Dura	
D. Decrease Duration	Other (specify):		
			9. NAME OF FEDERAL AGENCY: HEALTH RESOURCES AND SERVICES
	The second secon		ADMINISTRATION (HRSA)
			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEI ASSISTANCE NUI COLLAI TITLE. CHRON		- DEND	MERCED COUNTY'S INITIATIVE TO END CHRONIC HOMELESSNESS.
12. AREAS AFFECTE	D BY PROJECT (cities, countie	es, states, etc.):	
MERCED COU	NTY: WINTON, DEL LOS BANOS	.HI, LIVINGSTON, LC	S
13, PROPOSED PROJ	FCT 14. CONGR	ESSIONAL DISTRICTS OF:	b, Project
Start Date	T. Jime Data a Applicat	NGRESSIONAL DIST	RICT 18 <sup>TH</sup> CONGRESSIONAL DISTRICT
15. ESTIMATED FUNI	DING:	16. IS APPLICA	TION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a.Federal	\$	0.00 a. YES. THE	RIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:
b. Applicant	\$	0.00 DATE	APRIL 11, 2003
c, State	\$	0.00 b. NO.	PROGRAM IS NOT COVERED BY E.O. 12372
d. Local	S	0.00	OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
e. Other	\$	0.00	ION DELINQUENT ON ANY FEDERAL DEBT?
f, Program Income	\$	0.00 YES	If "Yes," attach an explanation.
g. TOTAL	\$	0.00	NUMBEA PPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS SEEN DULY
AUTHORIZED BY THE	GOVERNING BODY OF THE	, ALL DATA IN THIS APPLICATIO IPPLICANT AND THE APPLICANT	NIPREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  b. Title  c. Telephone number
	uthorized Representative EAN FOX		DIRECTOR OF MENTAL HEALTH (209) 381-6813
d. Signature of Auth	orized Representative	4 .	11.1.72
	From Fear	<b>100</b>	711415

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

p.2

APPLICATION FOR FEL	DERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier			
Application Pre	application 5 G F II NU					
Construction  X Nonconstruction	_ Construction G E V	4. Date Rec'd by Federal	Federal Identifier			
Sacramento, Cali	urces Courto Board Frame of Courty CLEARING Forma 95814	Division of Financial Assistance Name and telephone of person to be of	ode):			
6. Employer Identification Num 680281986	noer (BIN).	A. State H. Indep	endent School District stitute of Higher Learning			
8. Type of Application: _X_New Revision If Revision, enter appropriate le A. Increase Award C. Increase Duration Other (specify)	<ul><li>B. Decrease Award</li><li>D. Decrease Duration</li></ul>	C. Municipal J. Private D. Township K. Indian E. Interstate L. Indivi	e University n Tribe dual t Organization			
10. Catalog of Federal Domest 66.460 Title:		9. Name of Federal Agency: U. S. Environmental Pr  11. Descriptive Title of Applicant's F	-			
Į.	Implementation Grants	Implement and coordinate activities a	and projects under the			
12. Area Affected by Project: (cities, counties, states, etc.) California		Clean Water Act, Section 319(II) for management programs.	funding nonpoint source			
13. Proposed Project:						
Start Date 7/1/03	End Date 6/30/08	14. Congressional District of: Applicant: Project: 3 California	a - All			
15. ESTIMATED FUNDING:		16. Is the application subject to review by the State				
a. Federal b. Applicant c. State d. Local e. Other	\$12,417,100 \$0 \$8,278,066 \$0 \$0	available to the State E review on: Date:	/preapplication was made			
f. Program Income	\$0		t been selected by the			
g. TOTAL	\$20,695,166	state for review  17. Is the applicant delinquent on an YES, attach explanation				
TRUE AND CORRECT, THE	DOCUMENT HAS BEEN DULY	DATA IN THIS APPLICATION/PREA AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF TH	BOARD OF THE			
a. Typed Name of Authorized Celeste Cantú	Representative	b. Title: Executive Director	c. Telephone Number (916) 341-5615			
d. Signature of Authorized Re	presentative		e. Date Signed:			

APPLICATION FOR	2. DATE SUBMITTED			
FEDERAL ASSISTANCE	Mag	y 16, 2003		93003573
1. TYPE OF	3. DATE RECEIVED E	RV STATE	State Application Identifi	er
SUBMISSION:  Application Preapplication  Construction Construction				
☐ Non-Construction ☐ Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	3-06-0226
5. APPLICANT INFORMATION				
Legal Name: City of San Jose		Organizational Un Norman Y. N	t Iineta San Jose Interna	tional Airport
Address (give city, county, state, and zip code) 1732 N. First Street, Suite 600 San Jose, CA 95148		Name and telephothis application (gi		contracted on matters involving
EMPLOYER IDENTIFICATION NUMBER (EIN):		7 TYPE OF APP	ICANT: (enter appropriate lette	ar in hoy)
9 4 - 6 0 0 0	4 1 9	A. State B. County C. Municipal D. Township	H. Interdependent S	chool District
8. TYPE OF APPLICATION:		E. Interstate	L. Individual	
New Continuation	Revision	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
If Revision, enter appropriate letter(s) in box(es):				BANK OF TOOOD
A Increase Award B Decrease Award D Decrease Duration Other (specify)	C Increase Duration	9. NAME OF FED	FRAL AGENCY	MAY 2 1 2003
		DOT - Feder	al Aviation Administra	I OF ATE CLEARING HOUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  TITLE: Airport Improvement Program (AIP)  12. AREAS AFFECTED BY PROJECT (cities, counties) City of San Jose and City of Santa Clara		Noise attenua	ETITLE OF APPLICANT'S PRO tion for appoximately 2 1(B), extended acoustic	221 dwelling units within
13. PROPOSED PROJECT 14. CONGRE	SSIONAL DISTRICTS OF			
Start Date Ending Date a. Applicant 9/03 9/05 15th			b. Project 15 <sup>th</sup> and16th	
15. ESTIMATED FUNDING a. Federal \$ 6,000,000	a. YES, THIS	PREAPPLICATION/	W BY STATE EXECUTIVE ORD APPLICATION WAS MADE AVA	AILABLE TO THE
b. Applicant \$ 2,840,000	·	E EXECUTIVE ORD	ER 12372 PROCESS FOR REV	VIEW OIM
c. State \$	· DATE	May 16, 2003		
d. Local \$	b. NO	PROGRAM IS NOT	COVERED BY E. O. 12372	
e. Other \$	·   🗆 (	OR PROGRAM HAS	NOT BEEN SELECTED BY ST	TATE FOR REVIEW
f. Program income \$	. 17. IS THE APPLICAN	T DELINQUENT ON	ANY FEDERAL DEBT?	
g. TOTAL \$ 8,840,000	Yes If yes,	attach an explanatio		No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF AUTHORIZED BY THE GOVERNING BODY OF THE A AWARDED	PPLICANT AND THE APPLICAN			NCES IF THE ASSISTANCE IS
1	. Title Director of Aviation			c. Telephone number 408-501-7670
d. Signature of Authorized Representative	ALCOUNT OF AVIABION			e. Date Signed
-rank Kirkelice	le			5-16-03

APPLICATION FO	R			OMB A	Approval No. 0348-0
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED	)	Applicant Identifier	***************************************
		March 3,	2003		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED		State Application Identifier	
Application Construction	Preapplication Construction	4 DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	T. DATE RECEIVED	DI IEDEMAE AGENO!	i cacial identific;	
5. APPLICANT INFORMATIO					
Legal Name:			Organizational Unit:		
Circuit Rider	Productions, 1	[nc.	province of the contract of th		
Address (give city, county, Sta		and the second s	Name and telephone	number of person to be contact	ed on matters invol-
9619 Old Redw	-			area code) Katherine	Gledhill
Windsor, CA	95492	- 4 00		erpinc.org	000 / 500
S. EMPLOYER IDENTIFICATI		MAY 2 1 20	7. TYPE OF APPLIC	ANT: (enter appropriate letter in	
9 4 23 4	5 8 0 7	Laraning	ASState	H. Independent School Dist.	
8. TYPE OF APPLICATION:		Company and the contract of th	B. County	I. State Controlled Institution o	f Higher Learning
X N	ew Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate l		7	D. Township E. Interstate	K. Indian Tribe L. Individual	
n nevision, enter appropriate	etter(s) in box(es)		F. Interstate	M. Profit Organization	
	ecrease Award C. Increaser <i>(specify):</i>	se Duration	G. Special District	N. Other (Specify) Non-P	rofit c)3
•			9. NAME OF FEDERA		
			NOAA		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
		1 1 4 6 3	Riparian F	Restoration and	
			<u></u>	ased Education is	n the
	at Conservation		1	Lver Watershed	
12. AREAS AFFECTED BY P		ates, etc.):			
Sonoma County	, CA				
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:			Vernous Annual Control
Start Date Ending Date 8/1/03 7/30/0	a. Applicant Congressior	al Dist 1	b. Project	onal District 1	and 6
15. ESTIMATED FUNDING:	Congression	Idi Dist. I		SUBJECT TO REVIEW BY ST.	
15. ESTIMATED FUNDING:			ORDER 12372 PR		A I E EXECUTIVE
a. Federal	\$	00	UNDER 123/2 F8		
	35,000	·	a. YES. THIS PREA	PPLICATION/APPLICATION W	AS MADE
b. Applicant	\$	, oa ,		TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDER 12372
c. State	  s	.00	- PROUESS	I ON MEVIEW UN.	
	36,355	•	DATE Ma	y 16, 2003	
i. Local	\$	00			
n Othor	<u></u>	00		M IS NOT COVERED BY E.O.	
e. Other	\$	,	FOR REV	GRAM HAS NOT BEEN SELECTIEW	TED BY STATE
. Program Income	\$	.00	17 IS THE APPLICAN	IT DELINQUENT ON ANY FED	EDAI DERT?
j. TOTAL	\$	.00	┥		
	71,355			attach an explanation.	<b>₹</b> No
				ION ARE TRUE AND CORREC	
			HE APPLICANT AND TH	IE APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES II  1. Type Name of Authorized Re		b. Title		c. Telephone Number	
Christine Yae	*	Executive		(707) 838-6641	x 213
d. Signature of Authorized Repr	esentative			e. Date Signed	AN

Previous Edition Usable

Authorized for Local Reproduction

3 · 3 · 03 Slandard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

FEDERAL ASS	SISTAN	NCE	MAY 19, 2003		Applicant Identifier	
1. TYPE OF SUBMISSI	ON:		3. DATE RECEIVED BY	STATE	State Application Identif	Ter
Application		Preapplication			, , , , , , , , , , , , , , , , , , ,	
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier R	9-03-278
X Non-Construction 5. APPLICANT INFORI		Non-Construction			<u> </u>	0 00 210
Legal Name:	MATION			Organizational Unit:		
	JNTY S	ANITATION DISTRIC	The second secon	2000/379/00/40/2000/ee		
Address (give city, cour	ity, State,	and zip code):	HEUENE	Name and telephone n	number of person to be o	ontacted on matters involving
230A MAII LAKEPOR		8	MAY 2 1 200	this application (give au R MARK DELL	<i>rea ∞de)</i> .INGER (707) 263-0	119
6. EMPLOYER IDENTI			W/741 2 1 200			
	<del></del>	· · · · · · · · · · · · · · · · · · ·	and the second of the second s	1	NT: (enter appropriate le	G G
9 4 - 6 0	00	8 2 5	STATE CLEARING H	A. State	H. Independent School	Dist.
8. TYPE OF APPLICAT	TON:			B. County		ution of Higher Learning
	X New	Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appro	nrista latte	er/s) in hov/os)	<del></del>	D. Township E. Interstate	K. Indian Tribe L. Individual	
ii ricvision, cilici appio	printe iene	er(s) in box(es)		F. Intermunicipal	M. Profit Organization	
A. Increase Award		ease Award C. Incre	ase Duration		N. Other (Specify)	
D. Decrease Duration	Other(s	specify):		o NAME OF FEDERA	u ACENOV	····
				9. NAME OF FEDERA		ACENICY
			and the second s	ENVIRONMEN	TAL PROTECTION	AGENCY
10. CATALOG OF FEE	ERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S	PROJECT:
TITLE:						INE PRELIMINARY
	n BV PBC	JECT (Cities, Counties,	States etc.):	DESIGN AND B	ENVIRONMENTAL I	REVIEW.
			olaics, cit.j.		•	
LAKE COUNT	r, CALIF	ORIVIA				
13. PROPOSED PROJ	ECT	14. CONGRESSIONAL	DISTRICTS OF:			
1 1	g Date	a. Applicant FIRS	T	b. Project	FIRST	
15. ESTIMATED FUND	01-04			16 IS ABBI ICATION		BY STATE EXECUTIVE
13. ESTIMATED FORE	ma.			ORDER 12372 PR		BI STATE EXECUTIVE
a. Federal		S	1,396,700 · <sup>∞</sup>			
L A	<del></del>		00	4	APPLICATION/APPLICA	· ·
b. Applicant		\$	62,400 <sup></sup>	1	ETO THE STATE EXEC FOR REVIEW ON:	UTIVE ORDER 12372
c. State		\$	,00	DATE	05-16-03	
d. Local		\$	.00			
e. Other		\$	5,250,000 ··	<b>→</b>	AM IS NOT COVERED E BRAM HAS NOT BEEN	
f. Program Income		s		FOR REV	/IEW	
				17. IS THE APPLICAL	NT DELINQUENT ON A	NY FEDERAL DEBT?
g. TOTAL		S	6,709,100 ·	Yes If "Yes,"	attach an explanation.	⊠ No
DOCUMENT HAS BE	EN DULY	AUTHORIZED BY THE	ALL DATA IN THIS APPLIC GOVERNING BODY OF TH			
		THE ASSISTANCE IS A	<del></del>			
a. Type Name of Author MARK DELLING		resentative	b. Title ADMINISTI	RATOR	c. Telephone Number	(707) 263-0119
d. Signature of Authorit		sentative	1) 1/1		e. Date Signed	05-16-03
Previous Edition Usabl	e	- I faire	X JUXUNYI		Standard Fo	orm 424 (Rev. 7-97)
Authorized for Local R		ก				y OMB Circular A-102

#### APPLICATION FOR

FEDERAL ASSISTANCE				Applicant Identifier		
	y	May 16	······································			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applic	ation Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY Federal		lerai Identifier	
5. APPLICANT INFORMATION	Non-construction			<u> </u>		
Legal Name:			Organizational Unit:	W		
City of Redding						
Address (give city, county, State,	and zip code):				rson to be contacted on matters involving	
777 Cypress Ave			this application (give a	<i>rea code)</i> v Bachm	nan (530)225-4067	
Redding, CA 96001			Nanu	y Dacini	iaii (330)223-4001	
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN):		7. TYPE OF APPLICA	NT: (enter a	ppropriate letter in box)	
9 4 - 6 0 0 0	·		A. State		dent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Con	trolled Institution of Higher Learning	
X New	Continuation	Revision	C. Municipal	J. Private U	niversity	
Z. Non			D. Township	K. Indian Tr		
If Revision, enter appropriate lett		E. Interstate	L. Individua			
A language Assert D. Dan	a Duration	F. Intermunicipal G. Special District	M. Profit Or	ganization pecify)		
A. Increase Award B. Decrease Award C. Increase Duration  D. Decrease Duration Other(specify):			9. NAME OF FEDERA			
			Environmental Pi		agency	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APP	LICANT'S PROJECT:	
		6 6 — 6 0 6	Water and waste	water infra	structure improvements for	
	P		the Redding Stills			
	dies and Investigations		-	The state of the s	Comment of Comments of Comment	
12. AREAS AFFECTED BY PRO	JJECT (Cities, Counties, Sta	ales, elc.):			0.0000	
Cities of Redding and And	derson, Shasta County	y CA			MAY 2 0 2003	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			STATE OF EARING HOUSE	
Start Date Ending Date 5/1/04	a. Applicant	. 2	b. Project		The second contraction of the form of the form of the second of the seco	
15. ESTIMATED FUNDING:		\	16 IS APPLICATION	SUBJECT T	O REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING.			ORDER 12372 PF			
a. Federal	\$	100.700				
		433,700			N/APPLICATION WAS MADE	
b. Applicant	\$	354,845 ·	į	E TO THE ST FOR REVIE	TATE EXECUTIVE ORDER 12372	
c. State	\$	.00				
			DATE 5	-19-03	3	
d. Local	\$	.00		MUO NOT C	00VEDED DV E 0 40070	
	<u></u>	00			OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE	
e. Other	\$	•	FOR RE\		NOT BEEN SELECTED BY STATE	
f. Program Income	\$	00				
1. I rogram moome	<b>*</b>		17. IS THE APPLICA	NT DELINQ	JENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	788,545	Yes If "Yes,"	attach an ex	planation.	
18. TO THE BEST OF MY KNO	WI EDGE AND BELLEE AL	· · · · · · · · · · · · · · · · · · ·	CATION/PREAPPLICA	TION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULL	WLEDGE AND BELIEF, AL AUTHORIZED BY THE GI	OVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICA	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF						
a. Type Name of Authorized Rep		b. Title	***************************************	c. Telephor		
Michael Warren	$\Omega$	∬City Manager		(530) 22		
d. Signature of Authorized Repre	esentative	Ann		e. Date Sig		
1//40	had W	(Illen)			-16.03	
Previous Edition Usable					Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	on '			ŀ	Prescribed by OMB Circular A-102	

2. Date Submitted 05/15/02  Applicant Identifier M-02-DC-060534  1. Type of Submission: Application: Construction Preapplication: Not Applicable  5. Applicant Information  Legal Name San Diego Urban County Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number  8. Type of Application: Type: Continuation  2. Date Submitted 05/15/02  Address 4. Date Received by State  9. Name of Federal Identifier  State Application Identifier  State Application Identifier  Organizational Unit Dept. of Housing and Community Development  Frank Landerville (858) 694-4818  County of San Diego  6. Employer Identification Number  Consortium  9. Name of Federal Agency:	ed to
1. Type of Submission: Application: Construction Preapplication: Not Applicable  5. Applicant Information Legal Name San Diego Urban County Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number Type: Continuation  3. Date Received by State State Application Identifier  4. Date Received by Federal Agency Federal Identifier  9. Organizational Unit Dept. of Housing and Community Development Frank Landerville (858) 694-4818  County of San Diego  6. Employer Identification Number Consortium  Consortium	ed to
Application: Construction Preapplication: Not Applicable  4. Date Received by Federal Agency  5. Applicant Information  Legal Name San Diego Urban County Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (Application: Type: Continuation)  Address County of Application: Type: Continuation  Consortium	ed to
Preapplication: Not Applicable  4. Date Received by Federal Agency  5. Applicant Information  Legal Name San Diego Urban Counts  Address  3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSE Type of Applicant: Type: Continuation  Federal Identifier  Corganizational Unit Dept. of Housing and Community Development  Frank Landerville (858) 694-4818  County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSE Type of Applicant:  Consortium	ed to
Preapplication: Not Applicable  4. Date Received by Federal Agency  5. Applicant Information  Legal Name San Diego Urban Counts  Address  3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSE Type of Applicant: Type: Continuation  Federal Identifier  Corganizational Unit Dept. of Housing and Community Development  Frank Landerville (858) 694-4818  County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSE Type of Applicant:  Consortium	ed to
5. Applicant Information  Legal Name San Diego Urban County Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number ATE CLEARING HOUSEType of Applicant: Type: Continuation  Organizational Unit Dept. of Housing and Community Development Frank Landerville (858) 694-4818  Consortium  Consortium	ed to
Legal Name San Diego Urban County Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSEType of Applicant: Type: Continuation  Organizational Unit Dept. of Housing and Community Development  Frank Landerville (858) 694-4818  Consortium  Consortium	ed to
San Diego Urban County  Address  3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (EMI:ATE CLEARING HOUSEType of Applicant: Type: Continuation  Dept. of Housing and Community Development  Frank Landerville (858) 694-4818  Consortium  Consortium	ed to
Address  3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSE Type of Applicant: Type: Continuation  Consortium  Consortium	ed to
Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego  6. Employer Identification Number (EM): ATE CLEARING HOUSE Type of Applicant: Type: Continuation  Consortium  Consortium	ns,
3989 Ruffin Road San Diego, CA 92123 MAY 2 0 2003 Frank Landerville (858) 694-4818  6. Employer Identification Number Fig. ATE CLEARING HOUSEType of Applicant:  Type: Continuation  Consortium  Consortium	ns,
6. Employer Identification Number (EM): ATE CLEARING HOUSEType of Applicant:  8. Type of Application: Type: Continuation	ns,
6. Employer Identification Number (EM): ATE CLEARING HOUSEType of Applicant:  Consortium  Type: Continuation	ns,
6. Employer Identification Number (EM): ATE CLEARING HOUSEType of Applicant:  Consortium  Type: Continuation	ns,
8. Type of Application:  Type: Continuation  Consortium	ns,
8. Type of Application:  Type: Continuation  Consortium	ns,
8. Type of Application:  Type: Continuation	ns,
Type: Continuation	ns,
	ns,
9. Name of Federal Agency:	ns,
9. Name of Federal Agency:	ns,
	ns,
10. Catalog of Federal Domestic Assistance Number:  11. Descriptive Title of Applicant's Project:	ns,
, , , , , , , , , , , , , , , , , , , ,	ns,
including, but not limited to, acquisition,	
12. Areas Affected by Project: rehabilitation, new construction, rental assistance and	and
Urban County & Consortium cities: Carlsbad, Encinitas, La Mesa, Santee and Vista, in California.	
13. Proposed Project: 14. Congressional Districts of:	
Start Date End Date a. Applicant b. Project	
07/01/02 06/30/03 49, 50, 51, 52 and 53 49, 50, 51, 52 and 53	3
15. Estimated Funding: 16. Is Application Subject to Review by State Executive Order 12372 Process	Process?
a. Federal \$4,501,947 Review Status: Program not covered	
Ψ 1,00 1,0 1.	
b. Applicant \$1,125,486	•
φτ,125,460	
c. State	
<b></b>	
d. Local 17. Is the Applicant Delinquent on Any Federal Debt?	
\$0 No	
e. Other	
\$0	
f. Program Income	***************************************
\$260,000	
g. Total	
\$ 5,887,433	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized.	
and correct, the document has been duly authorized and correct and	
by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.	authorized
by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.	authorized
a. Typed Name of Authorized Representative b. Title c. Telephone Number	authorized
a. Typed Name of Authorized Representative Catherine J. Trout  Cat	authorized
a. Typed Name of Authorized Representative b. Title c. Telephone Number	authorized

Assistance		2. Date Sub	mitted	ed Applicant Identifier			
			/15/02		ESG-2	· ·	
1. Type of Submission:				Stata			
1. Type of Submission.		3. Date Red	erved by a	State	State Application	n Identifier	
Application: Non -	Construction						
Preapplication: Not A	pplicable	4. Date Red	ceived by I	ederal Agency	Federal Identifie	r	
5. Applicant Information							
Legal Name				Organizational Unit			
San Diego Urb	an County			Dept. of House	sing and Commur	nity Development	
Address				Contact			
3989 Ruffin Ro San Diego, CA				Frank Lande (858) 694-48			
County of San	Diego					gift described 58 performs from Brown from the company of the control of the cont	
6. Employer Identification	Number (EIN):			7. Type of Applicant:			
				Consortium			
8. Type of Application:			Consortium		MAY 2 0 2003		
Type: Continuation	n					2 v 2003	
						Philippin at mark on a	
				9. Name of Federal Ag	ency:	STATE OF CARMO HOUSE	
				-	·	The state of the s	
10. Catalog of Federal Do	mestic Assistance Nu	mber:		11. Descriptive Title of	Applicant's Project:		
	4.231			1 '	ter Grant funding	will be used for	
Assistance Title: E	mergency Shelter G	Brant		renovation of stru	ctures for emerge	ency shelters.	
12. Areas Affected by Pro	•			operating expens	ses of homeless sl s to the homeless	helters, provision of	
County Unincorpora	•	f Coronado I	اما	prevention.	s to the nomeless	a/or nomeless	
Mar, Imperial Bch, I	emon Grove, Powa	y, San Marc	os,				
Solana Bch.		·					
13. Proposed Project:				al Districts of:			
Start Date 07/01/02	End Date 06/30/03	а. Арр		b. Project 49, 50, 51, 52 and 53 49, 50, 51, 52 and 5		50. 51, 52 and 53	
15. Estimated Funding:	1		16 Is Ar	pplication Subject to Review by State Executive Order 12372 Proces			
a. Federal			10.10.14	prioditori Gubjoot to Hovi	on by clate Executi	ve Older 12372 1 100ess :	
	\$223,000	ס	Rev	riew Status: Progran	n not covered		
b. Applicant							
	\$223,000	)				V.	
c. State				<b>V</b>			
	\$0						
d. Local			17. Is the	e Applicant Delinquent or	Any Federal Debt?		
	\$0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	ir ary rederar Bebt:		
e. Other				No			
o. Othor	\$0						
f Drogram Income			i.				
f. Program Income	\$0						
g. Total	\$ 446,00	0					
10. To the heat of many large	de de la contraction de la con						
by the governing body of the	ne applicant and the ap	ata in this appi oplicant will coi	mply with	eapplication are true and the attached assurances	correct, the docume if the assistance is a	nt has been duly authorized awarded.	
a. Typed Name of Authoriz	zed Representative	b. Title			c. Telephone Nur	nber	
Catherine J. Tro	out	HC	O Directo	r	(858) 69	94-4885	
d. Signatura of Authorized	Representative			MIL	e. Date Signed		
Cata	MAL			/ * 1	5-5-03	ا م	
	A LUM						

Assistance		2. Date Su	braitted			<del></del>	17
		1				^	pplicant Identifier
,		08	5/15/02				B-02-UC-060501
Type of Submission:		3. Date Re	ceived by	State		s	tate Application Identifier
Application: Const	ruction						
Preapplication: Not A	pplicable	4. Date Re	Received by Federal Agency				ederal identifier
5. Applicant Information							
Legal Name				Organi	zational Unit		
San Diego Urba	an County	<b>199</b>	n w r	n	Dept. of Hou	sing	and Community Development
Address 3989 Ruffin Ro San Diego, CA County of San I	ad 92123 Diego	MAY 2	0 2003	Golffac	Frank Lande (858) 694-48		
6. Employer Identification	Number (EIN):5 A	E CLEAF	ring Ho	) A 2000 e	of Applicant:		
					Consortium		
8. Type of Application:				1	Consoradin		
Type: Continuation	n						
				9. Nam	e of Federal Ag	ency:	
					, and the second	•	
Assistance Title: C  12. Areas Affected by Proj County Unincorpora Mar, Imperial Bch, L	4.218 ommunity Developr lect: ited Area & Cities o	ment Block G	Del	Col use imp imp	ed for housing provements, e	elopm deve cono	cant's Project: nent Block Grant entitlement to be elopment, rehabilitation, public mic development, and planning, to ironment of lower income
Solana Bch. 13. Proposed Project:		14.0	naronalon	ol Diotrica	£.		
Start Date	I Cad Data			gressional Districts of:			
07/01/02	End Date 06/30/03	a. App	olicant 49,	50, 51, 5	2 and 53		b. Project 49, 50, 51, 52 and 53
15. Estimated Funding:	I	<u> </u>	16. Is Ar	plication	Subject to Revi	iew hy	V State Executive Order 12372 Process?
a. Federal	\$5,864,0	00	1	iew Stat			
b. Applicant			4	Dr	nto: 05/15/0	2	
s. Applicant	\$0			Date: 05/15/02			
c. State	\$0						
d. Local	\$0		17. Is the	17. Is the Applicant Delinquent on Any Federal Debt?			
e. Other	\$0						
f. Program Income	\$1,390,0	00					
g. Total	\$ 7,254,0	000					
18. To the best of my know by the governing body of the	rledge and belief, all da le applicant and the ap	ata in this app oplicant will co	lication/pre mply with t	application he attach	n are true and ed assurances	correctif the	ct, the document has been duly authorized assistance is awarded.
a. Typed Name of Authoriz	ed Representative	b. Title			<del>*************************************</del>	c. 7	Telephone Number
Catherine J. Tro	ut	HCI	D Director				(858) 694-4885
d. Signature of Authorized	Representative				1201	e. [	Date Signed
- Lwann				-	***************************************		J-5-05

FEDERAL ASSISTA	EDERAL ASSISTANCE 2. DATE SUBMIT			Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application	Identifier	
Construction Non-Construction  5. APPLICANT INFORMATION	Construction  Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY Federal Identifier			
Legal Name:			Organizational Unit:			
Quincy Community S	Services Distric	t	Special Dis	strict		
Address (give city, county, State,					to be contacted on matters involving	
900 Spanish Creek Quincy, CA. 95971			this application (give a Larry Sulliva (530)283-0836	<i>rea code)</i> an, General		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter approp H. Independent S	G	
8. TYPE OF APPLICATION:			B. County	•	d Institution of Higher Learning	
XX New	Continuation	Revision	C. Municipal	J. Private Univers	•	
₩ WEW	Continuation		D. Township	K. Indian Tribe		
If Revision, enter appropriate letter(s) in box(es)			E. Interstate	L. Individual		
A. Increase Award B. Decrease Award C. Increase Duration			F. Intermunicipal G. Special District	M. Profit Organiza	ation ')	
D. Decrease Duration Other(	specify):					
			9. NAME OF FEDERA	L AGENCY:		
			USDA Rural D	evelopment		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICA	NT'S PROJECT:	
, , , , , , , , , , , , , , , , , , , ,		1 0 - 7 6 3	Emergency F			
Emergenc	y Community	1 0 - 1 0 3	Contaminate			
	sistance Grants					
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, St.	ates; etc.):				
Town of Quincy, P	lumas County, CA	P		THE COMPANY	TOTAL COLLEGE CONTRACTOR CONTRACT	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI		nn Doolittle	Windledian	MAY 2 0 2003	
Start Date Ending Date	a. Applicant	001	b. Project	i car	M. Williamson	
6/1/03 9/1/03	Same		Sa	me	TE CLEARING HOUSE	
15. ESTIMATED FUNDING:	Dance		16. IS APPLICATION		VIEW BY STATE EXECUTIVE	
			ORDER 12372 PR			
a. Federal	\$	.00	1	•		
	481,		a. YES. THIS PREA	APPLICATION/API	PLICATION WAS MADE	
b. Applicant	\$	.00	ŧ .	TO THE STATE FOR REVIEW ON	EXECUTIVE ORDER 12372 I:	
c. State	\$	.00	DATE			
d. Local	\$	.00	- DATE	•		
					RED BY E. O. 12372	
e. Other	\$	.00	OR PRO		BEEN SELECTED BY STATE	
f. Program Income	\$	.00	17. IS THE APPLICA	NT DELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL	481,	950	Yes If "Yes,"	attach an explana	ation. No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	OVERNING BODY OF TH				
a. Type Name of Authorized Rep		b. Title		c. Telephone Nur	mber	
Larry Sullivan	110	General Man	ager	(530)283	3-0836	
d. Signature of Authorized Repre	eseptative   Wan			e. Date Signed	5/9/12	
Previous Edition Usable	Jummy			l Cinch	ard Førm 424 (Rev. 7-97)	
Authorized for Local Reproduction	on				ibed by OMB Circular A-102	

FEDERA	L ASSISTA	NCE	2. DATE SUBMITTED	3	Applicant Identifier	
1, TYPE OF 8	UBMISSION:		3. DATE RECEIVED	BV 67ATE	Charles Brasilland	
Application		Preapplication	A SALE (SECTIVED)	PTDIAIE	State Application Identifier	
Constr		Construction	4. DATE RECEIVED !	BY FEDERAL AGENCY	Federal Identifier	
	nstruction T INFORMATION	Non-Construction				
Legal Name:	***************************************			Organizational Unit:		
21-A Dis	trict Agricult	ural Association R	@ F F ==	- State of Califo	rnia, Dept of Food	& Δ <i>α</i>
	city, county, State	1 1 1 1	6 E   W	i i Narhe and telephone:	number of person to be contain	teri on matters lave
	st Cleveland CA 93637	d Avenue		Lisa Drury,	<i>rea code)</i> California Construc	tion Authority
B 4 -	6 0 0 1	N NUMBER (EIN)	MAY 2 0 2003	/ (B)(D) Z03-U	417 Idrury@calcon	struction.con
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I. TYPE OF A	PPLICATION;	_ STATE	CLEARING H	Custonicipal	I. State Controlled Institution	of Higher Leaming
	Nev Nev	v Continuation	Revision		J. Private University	
f Revision, on	ter appropriate let	tor(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual	
A. Increase A		<u> </u>		F. Intermunicipal	M. Profit Organization	
	ward B. Dad Duration Other	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
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O CATALOS	AC CENTRAL -			USDA		
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		•		II A I'M DISHIGH MUNI	Juliural Association - Ma	idera Liistrict Es
TITLE	: Rural Busine	ss Opportunity Grant		Fairground Davel	cultural Association - Ma Opment Project	idera District Fa
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#### Ic. in Cleaninghouse 916-323.3018

				48-0043	
APPLICATION FOR		2. DATE SUBMITTED		IA:	
FEDERAL ASSISTAN	ICE	Z. DRIE GODINI, IZZ			
		3. DATE RECEIVED BY	STATE	St	
1. TYPE OF SUBMISSION:	Preapplication				
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Olganizational Unit:		
Legal Name:	da DEG	15 11 W 12 Inl	Municipal	itv	
City of Loma Lin	<u>uu 1111 – u</u>		Vame and telephone	number of person to be contacted an matters involving	
Address (give city, county, State,			his application (give a	area code)	
25541 Barton Roa Loma Linda, CA 9	2354+B1.50 MA	Y 2 0 2003 L	hr. Dennis	s Halloway 909-799-2830	
	200- 00	1 1	7 TYPE OF APPLIC	ANT: (enter appropriate latter in box)	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)			F	ĺ
	LLUSTATE C	LEARING HOUS	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning     Private University	
New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe	
	(-) In hay(as) 7		E. Interstate	L. Individual	
If Revision, enter appropriate lett	er(s) in box(es)		F, Intermunicipal	M. Profit Organization	
A, Increase Award B. Dec	rease Award C, Increa	se Duration	G. Special District	N, Other (Specify)	
D. Decrease Duration Other(	spacify):		9. NAME OF FEDER	IAL AGENCY:	1
	1 c	2	U S Env	ironmental Protection Agen	r CA
Combine	e Phases l &				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJECT:	
10. CATALOG OF PEDERAL D	OMES (IO ASSIS, ATTOM	66-60-6	l san mimot	eo Creek Environmental	
		00000	Restorati	on Project (see attached	
TITLE: Appropr	iation Act Gr	ant	map)		
12. AREAS AFFECTED BY PR Loma Linda, Red	oject <i>(Cilies, Counties, s</i> Lands, San Be	rnardino			
County					4
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:		-1 District	
Phase 1 & 2		Lewis, 40th	Congression	Id District	1
Stan Date Ending Date	a. Applicant	na tinda	San Mimot	eo Creek Restoration Proje	elc t
11/02 15. ESTIMATED FUNDING:	City of Lor	na Linua	16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE	
Phases 1 & 2			ORDER 12372	PROCESS?	
a. Federal	.\$ 0.475.100	549%.		THE STATE OF THE S	
		00	H E, YES, THIS PR	EAPPLICATION/APPLICATION WAS MADE ILE TO THE STATE EXECUTIVE ORDER 12972	
b. Applicant	\$ 354,490	,		S FOR REVIEW ON:	
c. State	\$	11 11000	7		
	0_	45%	DATÉ _	5/20/03	ľ
d. Local	1,069,000	00	b. No.   PROG	HAM IS NOT COVERED BY E. O. 12372	
e. Other	\$ 601,650	,00		OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW	
		200	-		
f. Program Income	\$ = 0	·	17. IS THE APPLI	CANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 4,500,240	Du	Yes If "Yes	s," attach en explenation.	
18 TO THE BEST OF MY KN	OWI FORE AND BELIEF.	ALL DATA IN THIS APPL	CATION/PREAPPLIC	CATION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE	GOVERNING BODY OF	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES				c. Telephone Number	$\dashv$
a. Type Name of Authorized R		h Tile	RECEIVED	909-799-2830	
Mr. Dennis Hal	TOMSA.	TO STANDARD	MEN-IXED	e. Date Stoned	
ASKII HILLI	Wolf		^^^	14/05	
Previous Edition Usable		1 1 2 3 5 5 1	APR 0 2 2003	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	
Authorized for Local Reproduc	ction				
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APPLICATION FOR					OIVID Approvat No. 0346-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED  March 10	), 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Id	lentifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	_	
CSUF Foundation			University Bus	siness Center	hi-at-d on mattern involving
Address (give city, county, State, 4910 N. Chestnut Ave Fresno, CA 93726-18	enue		this application (give a Amy Chubb 5	rea code) 59-278-2352	be contacted on matters involving
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropri	ate letter in box)
94-6003	2 7 2		A. State	H. Independent Sc	hool Dist.
8. TYPE OF APPLICATION:	V.		B. County		Institution of Higher Learning
₩ New	Continuation	Revision	C. Municipal	J. Private Universit K. Indian Tribe	py
	1 [ ]	D. Township E. Interstate	L Individual		
If Revision, enter appropriate lett		F. Intermunicipal	M. Profit Organiza	-	
A. Increase Award B. Dec	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other	specify):		9. NAME OF FEDER	AL AGENCY:	
			USDA		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI		
		10-769			development course for
110DA Duro	Business Enterprise	Grant	rural Kings Cour	nty.	RECEIVED
12. AREAS AFFECTED BY PR	OJECT (Cities, Countles, S	lates, etc.):	1		1
Kings County, San Joaqu					MAR 1 3 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL D				
10.77107 00227 770227	:				STATE OF EARING HOUS
Start Date Ending Date	a. Applicant	ovich 19th District	b. Project	Calivin Dooley 2	Oth District
7/1/03 6/30/04 15. ESTIMATED FUNDING:	, George hadanc	Will 13th District	16, IS APPLICATION	N SUBJECT TO RE	VIEW BY STATE EXECUTIVE
15. ESTIMATED FORDING.			ORDER 12372 P		
a. Federal	\$ 99,90	O .ºº	a. YES. THIS PRE	EAPPLICATION/APP	PLICATION WAS MADE
b. Applicant	\$	.00	AVAILABI	LE TO THE STATE! S FOR REVIEW ON	EXECUTIVE ORDER 12372
c. State	\$	00	DATE	03/10/03	
d. Local	\$	.00	1		RED BY E. O. 12372
e. Other	S	.00	☐ OR PRO	OGRAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income	   \$	.00	FOR RE		
t. Flogram meeme			17. IS THE APPLIC	ANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	s	99,900 <sup>∞</sup>	-	* attach an explana	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	ALL DATA IN THIS APPLI	CATION/PREAPPLIC	ATION ARE TRUE	AND CORRECT, THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE (	GOVERNING BODY OF T	HE APPLICANT AND	INE APPLICANT Y	Time General extist tries
a. Type Name of Authorized Re		b. Title		c. Telephone Nu	
Thomas McClanahan		VP University Gra	ants & Research	(559) 278-08	140
d. Signature of Authorized Rep	resentative	in Ment		e. Date Signed	10/03

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APPLICATI	ON FOR		2. DAT	î SLBMITTED	Applicant Identifier	
FEDERAL	ASSISTANC	<u>E</u>	May	15, 2003		
1. TYPE OF SUBMISS	иои		3. DAT	E RECEIVED BY STATE	State Application Identifier	
Application		Preapplication			·	
☐ Construction ☐ Construction  ■ Non-Construction ◆ Nun-Coherruction				E RECEIVED BY FEDERAL AGENCY	Federal (dentifier	
5. APPLICANT INFO	RMATION					
Legal Name: Gatewa	ay Cities Council of	Governments	Organiz	ational Unit: Not applicable		
Address (give city, coun 7300 Alond Paramont, 6	dra Blvd., Suite 103		Name a (give an	nd telephone number of the person to be cores code)  Mr. Jack Joseph 562-663-		
6 EMPLOYER IDENT  95 - 46  8. TYPE OF APPLICA  New  If Revision, enter approp  A. Increase C. Increase Other Specific	TION: Continuation © Revision riste letter(s) in box(es) Award B. Decrease Duration D. Decrease	<b>LUG</b> MAY 19 2003	7.	B. County C. Municipal D. Township G. Intersate F. Intermedicipal G. Special District D. State Control F. Indian Tri C. Individual F. Intermedicipal F. Other (Special District) D. State Control F. Indian Tri F. Individual F. Other (Special District) D. State Control F. Indian Tri F	ut School District olled Institution of Higher Learning iversity oc (anization ocify):	
12. AREAS AFFECTEI	ANCE NUMBER: 6 Special Purpose Gra  D BY PROJECT (cities, it	counties, states, etc.):	Develo	SCRIPTIVE TITLE OF APPLICANT'S PR  op and implement a Diesel Emissio  ay Cities subregion of Los Angeles	n Reduction Program in the	
13. PROPOSED PROJE		ns Angeles County  14. CONGRESSIONAL DISTRICT OF:	ÇA	33,34,37,38,39		
Diesel Emission Redu	ction Program		C// L	7,50,59		
Sian Date October 1, 2002	End Date October 1, 2005	a. Applicant: CA			b. Project	
15 Estimated Funding:			1,6	IC A DOVING CONTROL OF THE CONTROL OF THE	CA 33.34.37.38	
a. Federal		\$ 447,100,00	16.	IS APPLICATION SUBJECT TO REVI 12372 PROCESS?	EW BY STATE EXECUTIVE OR	
b. Applicant		\$ 0-	a.	YES. THIS PREAPPLICATION/APPL TO THE STATE EXECUTIVE ORDER	ICATION WAS MADE AVAILA	
c. State		š —		ON:	C 1437# FROCIES, FOR REVIR	
4. Lucal		3 _		DATE May 15, 2003		
c. Öther		\$ -	tı.	NO.  PROGRAM IS NOT COVERED BY OR PROGRAM HAS NOT BEEN SI	E.O. 12372 FURCTED BY STATE FOR DEV	
f. Program Income		<b>s</b>	17. IS TI	HE APPLICANT DELINQUENT ON ANY		
g. TOTAL		\$ 447.100.00		s If "Yes" attach an explanation.	■ Na	
DELIV DUCT	ST OF MY KNOWLEDO Y AUTHORIZED BY TH ANCE IS AWARDED.	BE AND BELIEF. ALL DATA IN THIS APP. E GOVERNING BODY OF THE APPLICAN	I ICATIONI	PREARISMAND TRUE AND CO	DEFECT THE BOOM STATE	
a. Typed Name of Author	rized Representative. F	Richard Powers	b. Title:	Executive Director	с. Те.ерлоле Number 562-663-6850	
d Signature of Amborize	d Representative				c. Date Signed	
Previous Editions Not Usable S	tundurd Form 124A (REV 4-88)				May 15, 2003	

APPLICATION FO	R		2. DATE SUBM		Applicant Identifier	•
FEDERAL ASSIST		ļ	MAY 16, 200	IVED BY STATE	State Application is	dentifier
1. TYPE OF SUBMISSION Application	Pre-Application					
Construction Non-Construction	☐ Construction ☐ Non-Constru	ction	4. DATE RECE	IVED BY FEDERAL AGE	NCY Federal Identifier DE-FG36-03G0	13048
5. APPLICANT INFORMATION	N				1 22 1 000 0000	
Legal Name: LAKE COUNTY 8	SANITATION D			Organizational Unit:		
Address (give city, county, state	e, and zin dode	<u>, E G E</u>		Name and telephone	number of the person to be c	ontacted on matters
230A MAIN STREET	ולהון	<u>(                                    </u>		involving application (	give area code)	
LAKEPORT, CA 95453		MAY 1	9 2003	MARK DELLINGER (70	•	
6. EMPLOYER IDENTIFICATI	ON NUMBER	型: CLEV	DINC HO	7. TYPE OF APPLIC	ANT: (enter appropriate lette	r in box)
9 4 6			RING HO	JOC A. State	H. Independent Schoo	
8. TYPE OF APPLICATION:				B. County C. Municipal		titution of Higher Learning
☑ New ☐ Continuation	Revision	۵۱.		D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate le	πer(s) in box(e	s):		F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
				9. NAME OF FEDER		
A. Increase Award B	. Decrease Aw	ard C. Increa	se Duration			
D. Decrease Duration O			DEPARTMENT OF	ENERGY		
10. CATALOG OF FEDERAL	SSISTANCE NU	IMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PRO	OJECT:	
					NT PIPELINE PRELIMINARY DE	SIGN AND
				ENVIRONMENTAL REV	IEW.	
12. AREAS AFFECTED BY P	ROJECT (cities	s, countries, sta	tes, etc.)			
LAKE COUNTY, CALIFORNIA						
13. PROPOSED PROJECT:		14. CONGRE	SSIONAL DIS	TRICTS OF:		
Start Date Endi 03-01-03 03-01-	ing Date -04	a. Applicant	FIRST		b. Project FIRST	
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE O	RDER 12372 PROCESS?
a. Federal		1,396,700			LICATION WAS MADE AVAILAR 372 PROCESS FOR REVIEW O	
b. Applicant		62,400		05-16-03	J	
c. State			ь. NO.	PROGRAM IS NOT	OVERED BY E.O. 12372	
d. Local				OR PROGRAM HAS	NOT BEEN SELECTED BY STA	TE FOR REVIEW
e. Other		5,250,000	17. IS TH	E APPLICANT DELIN	QUENT ON ANY FEDERAL	DEBT?
f. Program Income				Yes If "Yes," at	tach an explanation. 🛭 N	0
g. TOTAL		6,709,100				
18. TO THE BEST OF MY KNOWL BEEN DULY AUTHORIZED BY TH ASSISTANCE IS AWARDED.	LEDGE AND BEI HE GOVERNING	IEF ALL DATA	N THIS APPLICA APPLICANT AND	TION/PREAPPLICATION THE APPLICANT WILL (	ARE TRUE AND CORRECT. TO COMPLY WITH THE ATTACHED	HE DOCUMENT HAS PASSURANCES IF THE
a. Typed Name of Authorized Re	presentative	***************************************		b. Title		c. Telephone Number
MARK DELLINGER				ADMINISTRATOR		(707) 263-0119
d. Signature of Authorized Repre	esentative	/				e. Date Signed
Mark.	Delli	y,				05-16-03
Previous Editions Not Usable Authorized for Local Reproduction	. )	JUI -	-			Standard Form 424 (Rev. 7-97) scribed by OMB Circular A-102

1

FEDERAL ASSISTANCE 2. DAT		2. DATE SUBMITTED May 15	, 2003	Applicant Identifier		
4 TYPE OF SUBMISSION.		3. DATE RECEIVED BY	STATE	State Application Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIL	Otate / Application resistance		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Identifier		
	Non-Construction	4. DATE RECEIVED BT	PEDERAL AGENCI	l ederal identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name:	nicinal Water D	ictrict	-	ce Planning		
Rainbow Municipal Water District			Resource Planning  Name and telephone number of person to be contacted on matters involving			
Address (give city, county, State, and zip code):			this application (give area code)			
3707 Old Highway 395						
Fallbrook, CA 92028-2500		Reva Wassana (760)432-6667				
6. EMPLOYER IDENTIFICATIO	N NUMBER (FIN)		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
	7					
95 - 60 0 5	3 6 9		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
	Поti	Revision	C. Municipal	J. Private University		
X Nev	v Continuation	☐ Kevision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual		
ii isomoion, omoi appropriate iet	(-)		F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Dec	crease Award C. Increas	e Duration	G. Special District	N. Other (Specify)		
	specify):			· · · · · · · · · · · · · · · · · · ·		
D. DOGGGGG DUIGHOR OHICI			9. NAME OF FEDERAL AGENCY:			
			IICDA D	Devre lanman+		
				Development		
			Water and W	aste Disposal Loan & Grant TLE OF APPLICANT'S PROJECT:  Progra		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE II	Progra		
		10 - 76 0				
Water and	l Waste Disposal		Lift Stati	on 2 and		
TITLE: "atci and	- Madee Dibpodar	ates etc.). Program	1	Leak Repair		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sta	ates, etc.):	Harm Erne	near Repair		
Ealthwal Nowth	own Con Diogo C	ounty Colif				
Fallbrook, North						
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project			
6/1/03 6/1/05	District 49		District 4	9		
	DISCITE 47			SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 P			
	\$	00	URDER 12372 P	ROCESSY		
a. Federal		•	Ī			
	1		A VEC THIS DOE	A DDI ICATIONI/A DDI ICATIONI MAS MADE		
	1,84	0,212		APPLICATION/APPLICATION WAS MADE		
b. Applicant	1	0,212	AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372		
, ,	1,84	0,212	AVAILABL PROCESS	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
b. Applicant c. State	1,84	.00	AVAILABL PROCESS	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
c. State	1,84	.00	AVAILABL PROCESS	E TO THE STATE EXECUTIVE ORDER 12372		
, ,	1,84	00	AVAILABL PROCESS DATE	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/15/03		
c. State d. Local	1,84 \$ \$	00	AVAILABL PROCESS  DATE b. No.  PROGR	E TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372		
c. State	1,84	.00	AVAILABL PROCESS  DATE  b. No.  PROGR	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE		
c. State d. Local e. Other	1,84 \$ \$ \$	.00	AVAILABL PROCESS  DATE b. No.  PROGR	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE		
c. State d. Local	1,84 \$ \$ \$	00 00 00 	AVAILABL PROCESS  DATE  b. No.  PROGR OR PROF FOR RE	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW		
c. State d. Local e. Other f. Program Income	1,84 \$ \$ \$ \$	.00	AVAILABL PROCESS  DATE  b. No.  PROGR OR PROF FOR RE	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT?		
c. State d. Local e. Other	1,84 \$ \$ \$ \$	.00	AVAILABL PROCESS  DATE  b. No. ☐ PROGR ☐ OR PROFE FOR RE	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW		
c. State d. Local e. Other f. Program Income g. TOTAL	1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ 2,45	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	DATE b. No.  PROGR OR PROFICE FOR RE  17. IS THE APPLICA	E TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372  GRAM HAS NOT BEEN SELECTED BY STATE  VIEW  INT DELINQUENT ON ANY FEDERAL DEBT?  attach an explanation.		
c. State d. Local e. Other f. Program Income g. TOTAL	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ 61 \$ 2,45  WLEDGE AND BELIEF, AI	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVAILABL PROCESS  DATE  b. No.	E TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372  GRAM HAS NOT BEEN SELECTED BY STATE  VIEW  INT DELINQUENT ON ANY FEDERAL DEBT?  attach an explanation.  No  TION ARE TRUE AND CORRECT, THE		
c. State d. Local e. Other f. Program Income g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVAILABL PROCESS  DATE  b. No.	E TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372  GRAM HAS NOT BEEN SELECTED BY STATE  VIEW  INT DELINQUENT ON ANY FEDERAL DEBT?  attach an explanation.		
c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVAILABL PROCESS  DATE  b. No.	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  No TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Rei	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVAILABL PROCESS  DATE  b. No.  PROGR POR PROFOR RE  17. IS THE APPLICA Yes If "Yes,"  CATION/PREAPPLICA IE APPLICANT AND T	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  No TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 00  L DATA IN THIS APPLIC OVERNING BODY OF THARDED.  b. Title General	AVAILABL PROCESS  DATE  b. No.   PROGR OR PROFOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA IE APPLICANT AND T	E TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372  GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT?  attach an explanation.  TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728–1178		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Repr	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVAILABL PROCESS  DATE  b. No.   PROGR OR PROFOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA IE APPLICANT AND T	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728-1178  - Date Signed		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Reproductive Control of Contr	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 00  L DATA IN THIS APPLIC OVERNING BODY OF THARDED.  b. Title General	AVAILABL PROCESS  DATE  b. No.   PROGR OR PROFOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA HE APPLICANT AND T	E TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372  GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT?  attach an explanation.  TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728–1178		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Reproductive Reproducti	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 00  L DATA IN THIS APPLIC OVERNING BODY OF THARDED.  b. Title General	AVAILABL PROCESS  DATE  b. No.   PROGR OR PROFOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA IE APPLICANT AND T	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  IND ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728–1178  E. Date Signed 5/15/03 Standard Form 424 (Rev. 7-97)		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Reproductive Control of Contr	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 OVERNING BODY OF THARDED. b. Title General	AVAILABL PROCESS  DATE  b. No.   PROGR FOR PRO FOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA HE APPLICANT AND TO  Manager  G	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  No TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE  c. Telephone Number (760) 728–1178  e. Date Signed n 5/15/03		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Representation of Authorized Representation (Usable Previous Edition Usable)	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 OVERNING BODY OF THARDED. b. Title General	AVAILABL PROCESS  DATE  b. No.   PROGR OR PROFOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA IE APPLICANT AND T	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  IND ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728–1178  E. Date Signed 5/15/03 Standard Form 424 (Rev. 7-97)		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Representation of Authorized Representation (Usable Previous Edition Usable)	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 OVERNING BODY OF THARDED. b. Title General	AVAILABL PROCESS  DATE  b. No.   PROGR FOR PRO FOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA HE APPLICANT AND TO  Manager  G	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  IND ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728–1178  E. Date Signed 5/15/03 Standard Form 424 (Rev. 7-97)		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fusminged. Signature of Authorized Representation (Usable Authorized for Local Reproduction)	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 OO  LL DATA IN THIS APPLIC OVERNING BODY OF THARDED.  b. Title  General	AVAILABLE PROCESS  DATE  b. No.  PROGRE OR PROFOR RE  17. IS THE APPLICATION/PREAPPLICANT AND TO THE APPLICANT AND THE APPLICANT A	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  No TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728-1178 E. Date Signed 5/15/03 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102		
c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Reg Greg Fasminge d. Signature of Authorized Representation of Authorized Representation (Usable Previous Edition Usable)	\$ 1,84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,404 3,616 OO  LL DATA IN THIS APPLIC OVERNING BODY OF THARDED.  b. Title  General	AVAILABL PROCESS  DATE  b. No.   PROGR FOR PRO FOR RE  17. IS THE APPLICA   Yes   If "Yes,"  CATION/PREAPPLICA HE APPLICANT AND TO  Manager  G	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  5/15/03  AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW  INT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.  No TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (760) 728-1178 E. Date Signed 5/15/03 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102		

#### **APPLICATION FOR**

FEDERAL	ASSISTANO	<b>CE</b> 2. 1	DATE SUBMITTED  May 15, 2	003	Applicant Identifier		
TYPE OF SUBMISSION:     Application		3. 1	DATE RECEIVED BY STATE		State Application Identifier		
Application  Construction	☐ Construction		DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier		
[XNon-Construction	Non-Construction	on					
5. APPLICANT INFORMA	ATION						
Legal Name: California Human Development Corp.			Organizational Unit: Migrant & Seasonal Farmworker Prod				
Address (give city, county, State and zip code):  3315 Airway Drive Santa Rosa, Sonoma Co., CA 95403			Name and telephone number of the person to be contacted on matters involving this application (give area code):  George L. Ortiz, President/CEO (707) 523-1155				
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  9 4 1 6 5 3 0 2 3  8. TYPE OF APPLICATION:  New X Continuation  Revision			7. TYPE OF APPLICANT: (enter appropriate letter in box)  A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organizatic Ommunity—based G. Special District N. Other (Specify):				
If Revision, enter appropriate letter(s) in box(es):  A. Increase Award  D. Decrease Duration  Other (specify):			9. NAME OF FEDERAL AGENCY: DOL/Employment & Training Administration				
10. CATALOG OF FEDE	RAL DOMESTIC ASSISTAN	NCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
	7 _ 2 4 7			National Farmworker Jobs Program			
TITLE: WIA	Title I, S	ec. 16	7	in Northern California			
12. AREAS AFFECTED BY PROJECT (cilies, counties, States, etc.):  31 contiguous counties of Northern California							
13. PROPOSED PROJEC			ONAL DISTRICTS OF:				
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant	A l		b. Project 1,2,3,4,5,6	5,7,10, and ll	
15. ESTIMATED FUNDIN	IG:		16. IS APPLICATION S	UBJECT TO REVIEV	V BY STATE EXECUTIVE ORDER 123	372 PROCESS?	
a. Federal	\$ 3,680,80	6 .00	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE ECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$	.00	DATE 5	5/16/03			
c. State	\$	.00	7	AM IS NOT COVERED BY E.O. 12372			
d. Local	\$	.00	① OR PROG	GRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$	.00					
f. Program Income	\$	.00 17. IS THE APPLICANT D			T DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 3,680,80	6 .00	☐ Yes If "Yes," attach an explanation.			ło	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Typed Name of Author George L			b. Title Pre	esident/	CEO	c. Telephone number 707-523-1155	
d. Signature of Abthorized Representative					e. Date Signed 5/13/03		
Previous Editions Not Usabl	е	Aut	horized for Lo	MAY		Standard Form 424 (REV 4-88) ed by OMB Circular A-102	

ADDITION FOR			OMB Approval No. 0348-0043
APPLICATION FOR FEDERAL ASSISTAN	ICE E G E L Z DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTAN	41/15	103	
	DATE HECEIVED BY	<u>/</u>	State Application Identifier
1. TYPE OF SUBMISSION:	IIII MAY IN AVAIL IL-/ I	JIAIL	
Application Construction	Preapplication 4. DATE RECEIVED B	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction		
5. APPLICANT INFORMATION	CTATE OF FARING HOUSE		
Legal Name:	Ola la l	Organizational Unit:	^ ^
CALIFORNIA	A CONSERVATION CORPS	NORTHE	RN COASTAL
Address (give city, county, State,	and zip code):		number of person to be contacted on matters involving
1500 A	CAMAR WAY	this application (give a	THE CODE KRISESCARDA
7-0-11	CA 95540		-5106 OR (707)496-2485
FORTUNA			ANT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	7. THE OF AFFERD	A A
	655	A. State	H. Independent School Dist.
B. TYPE OF APPLICATION:		B. County	i. State Controlled Institution of Higher Learning
	Continuation Revision	C. Municipal	J. Private University
New	Continuation Revision	D. Township	K, Indian Tribe
If Revision, enter appropriate lette	ar(s) in box(es)	E. Interstate	L. Individual
		F. Intermunicipal	M. Profit Organization
A, Increase Award B. Decr	rease Award C. Increase Duration	G. Special District	N, Other (Specify)
D. Decrease Duration Other(s	specify):		ALADENOV DE OT DE COMMENS
	4	9, NAME OF FEDER	ALAGENCY: DEPT OF COMMERCE
		NATIONAL	DEEANIC AND ATMOSPHERIC ADMINISTRATION
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
l <u>—</u> .	Assistance for III - 463	COASTRE	CACIFORNIA
		1	'e''   ''
TITLE: LOMMUNIT	1-BASED RESTORATION PROJECTS	1 SALMON	110 RESTORATION
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, States, etc.):	00	T PARINERSHIP
CAUSO	NA	PROJEC	1 PASSING PROVING
	14. CONGRESSIONAL DISTRICTS OF:		_
13, PROPOSED PROJECT	(O)		LIFORNIA
Start Date Ending Date	a. Applicant	b. Project	1 - 33 1 31/4
1811/03 7/31/03	ALL OF CALIFORNIA	STI	67H, 17TH 65rd, 2015
15. ESTIMATED FUNDING:		16. IS APPLICATION	I SUBJECT TO REVIEW BY STATE EXECUTIVE
		ORDER 12372 P	ROCESS?
a. Federal	5 150 000 00		A STANDARD LOATION MADE
	130,000	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$ 209 057		E FOR REVIEW ON:
	201,000	PROCESS	- L L
c. State	\$ ,00	DATE .	5116103
	\$ 00		
d. Local	,	b. No.   PROGR	AM IS NOT COVERED BY E. O. 12372
e. Other	\$ .06	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
9. 04161		FOR RE	VIEW
f, Program Income	\$ 00		
		17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 359.052	-	attach an explanation. No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, ALL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOVERNING BODY OF T	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWARDED.		
a, Type Name of Authorized Rep	resentative b. Title	N 000000	c. Telephone Number
MECVIN KREB		DIRECTOR	
d. Signature of Authorized Repre	**************************************		e. Date Signed C5 - 15 - 0 3

APPLICATION FOR			OMB Approval No. 0348 0043		
FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant Identifier		
	March 3, 20	03		1	
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Preapplication Construction Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
x Non-Construction Nan-Construction					
5. APPLICANT INFORMATION Legal Name:	尼亚亚岛	Organizational Unit:		x 11 .	
Gircuit Rider Productions	EUVENN	Organizanona/ Onn			
Address (give city, county, State, and zip edge):)		Name and telephone	number of person to be contact	ed on mallers involving	
9619 Old Redwood Hwy MA	Y 1 6 2003 P	his application <i>(give s</i> kgledhill@	rea code) Katherine Crpine.org Al. (m. 241) 707 Ant: (enfer appropriate letter in	Gledhill	
S. EMPLOYER IDENTIFICATION NUMBER (FIN)	- INTOLICE	7 TYPE OF APPLICA	NT: lenter appropriate letter in	<del>838-4</del> 503(=)	
914 - 23 4 3 8 0 7 STATE C	LEARING HUUS			N	
8. TYPE OF APPLICATION:		A. State B. County	H. Independent School Dist. L. State Controlled Institution o		
	L'i panistru	C. Municinal	J. Private University	it migner rearning	
X New Continuation	[ ] Revision	D. Township	K. Indian Tribe	į	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual		
A. Increase Award B. Decrease Award C. Increas	e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-P	rofit	
D. Decrease Duration Other/specify):	e unition	d. Special District	50) (		
	j	NAME OF FEDERA			
		NOAA			
			MATERIAL STATE OF THE STATE OF		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE N			TLE OF APPLICANT'S PROJE	CT:	
	111 - 4 6 3	•	testoration and		
TITLE. Habitat Conservation	<u>)                                    </u>		sed Education i ver Watershed	n the	
12. AREAS AFFECTED BY PROJECT (Cities. Counties, St.	ates, etc.);	Kussian Al	ver wateraned	a de la compresa della compresa dell	
Sonoma County, CA					
13. PROPOSED PROJECT 14. CONGRESSIONAL DI	ISTRICTS OF:				
Start Date Ending Date Applicant 8/1/03 7/30/04 Congression	,	Project Congressic	nal District l	and 6	
15. ESTIMATED FUNDING:		6. IS APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE	
	6C	ORDER 12372 PA	OCESS?		
a. Federal \$ 35,000	, , ,	a VES THIS PREA	PPLICATION/APPLICATION W	VASMADE	
b. Applicant S	ad		TO THE STATE EXECUTIVE	1	
	<u> </u>	PROCESS	FOR REVIEW ON:		
C. State   \$ 36,355		nate Ma	ıy 16, 2003		
d. Local \$	jag -	DATE ILE	19 1.01.1.1.202		
		D. No.   PROGRA	M IS NOT COVERED BY E. O.	. 1237?	
e. Other \$	no .		HAM HAS NOT BEEN SELEC	TED BY STATE	
f. Program Income \$	PD	FOR REV	IFW		
	no 1	7. IS THE APPLICAN	IT DELINQUENT ON ANY FED	ERAL DEBT7	
g. TOTAL   \$ 71,355	.00	Yes II "Yes," a	ittach an explanation.	[ No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL	L DATA IN THIS APPLICA	TION/PREAPPLICAT	ION ARE TRUE AND CORHECT	CT, THE	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GO	OVERNING BODY OF THE			1	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA	April 10 to the second of the		T. T. I.		
2. Type Name of Authorized Representative	b. Title	(roctor	c. Telephone Number (707) 838-6641	x 213	
d. Signature of Authorized Hepresentative	i Executive D	LILLEOI	e. Date Signed		
Churtin Jaga	- max		3.3.03		
Previous Edition Usable Authorized for Local Reproduction			Standard Form 424		
A THE PROPERTY OF THE PROPERTY			Prescribed by OMS	Circular A-102	